



Post-Deployment Health Care in the Primary Care Setting

DoD/VA Post-Deployment Health Clinical Practice Guideline

9 Jul 07

Presentation Objectives



- ♠ Describe the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) and accompanying tools
- ♠ Identify changes and new developments to the PDH-CPG and its tools
- ♠ Describe the role of the DoD Deployment Health Clinical Center in PDH-CPG implementation

Learning Objectives



- ♠ Understand the pathways for identifying patients with deployment-related health concerns/conditions
- ♠ Know the importance of and be able to:
 - Administer the deployment-related screening question at all primary care visits
 - Ensure appropriate evaluation and follow-up of all patients with deployment-related health concerns
 - Properly code all deployment-related visits
- ♠ Be familiar with the resources available to assist in implementing the PDH-CPG

Why Focus On Post-Deployment Health Care? ...because our workplace may be hazardous to health

Risks and Stressors

Toxins

Diseases

Trauma

Environmental

Exposure

Lack of Sleep

Stress

Long-term Impact on
Psychological and
Physical Well-being

History Made Overly Simple

Before Vietnam

Life & Limb

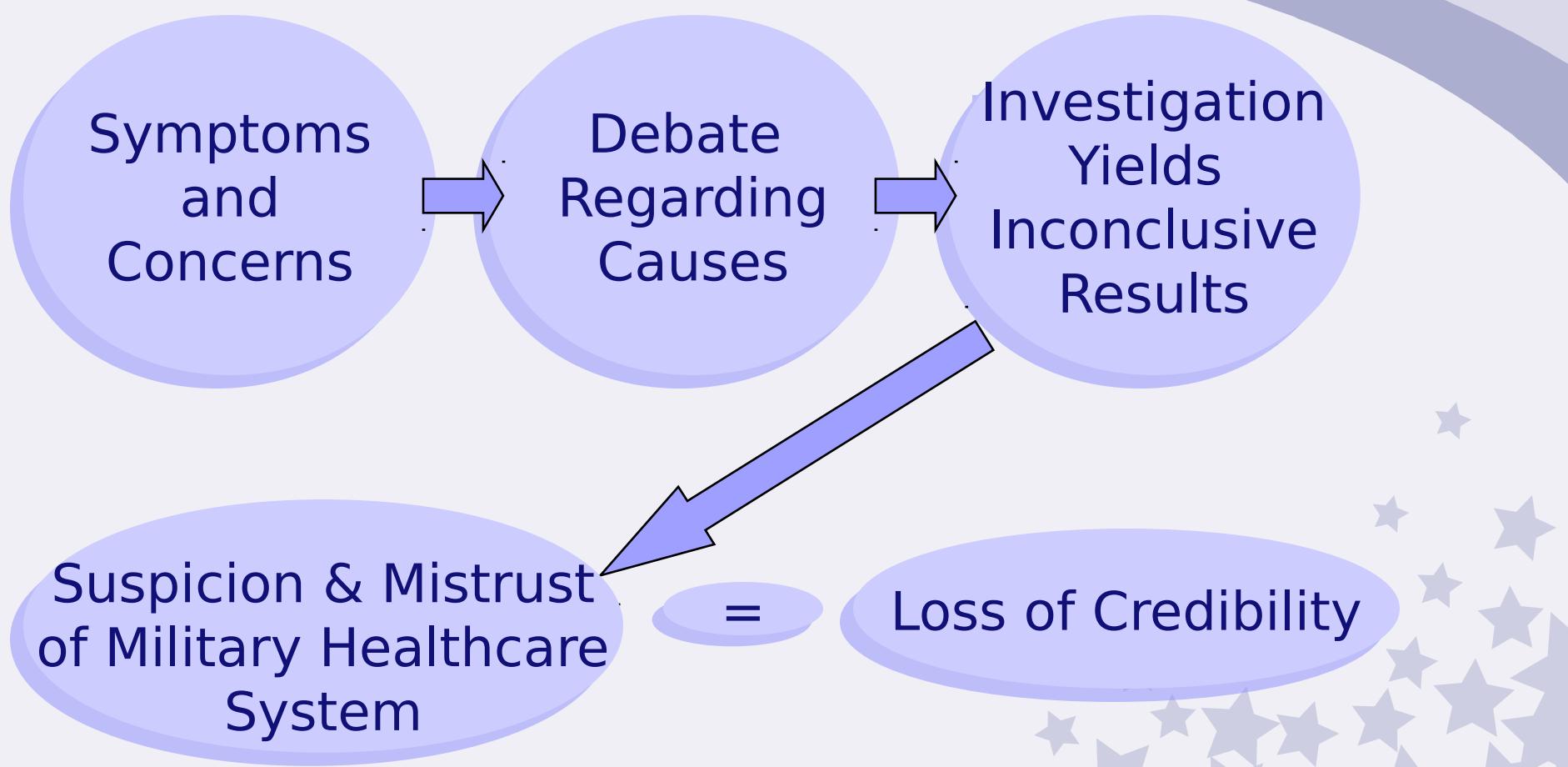
After Vietnam

Post-Traumatic Stress
Disorder

After Gulf War

Toxic Exposure Concerns
Medically Unexplained

Common Elements to Some Post-Deployment Health Concerns



DoD Post-Deployment Health Programs Timeline



Gulf War Post-Deployment Health Program



- ♠ Comprehensive Clinical Evaluation Program (CCEP)
 - Initiated in June 1994
 - Standardized, staged evaluation and treatment program to assess possible Gulf War-related conditions
 - Based on VA Persian Gulf War Health Examination Registry
 - Focused on specialty care
- ♠ Institute of Medicine (IOM) Recommendations for Improvement
 - Focus evaluations and care at the **primary care** level to
 - Enhance **continuity of care**
 - Foster establishment of **ongoing therapeutic relationship**
 - Use an evidence-based approach to develop **clinical practice guidelines** for deployment-related health concerns

Response to IOM Evaluation of CCEP →PDH-CPG



DoD/VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

Provides for
Evaluation and
Treatment of
Deployment-Related
Health Concerns

Acknowledges Occupational
Hazards Related to Deployments

Primary Care
Setting

Makes Services for Deployment-
Related Concerns Available to
Beneficiaries

Increases
Healthcare
Provider
Awareness of
Health Effects
of Deployment



DoD Post-Deployment Health Programs



	CCEP 1994-2001	PDH-CPG 2002-Present
Target Population	Gulf War veterans	Active duty, retired, family members All deployments
Source of Care	Specialty Care Clinics	Primary Care Clinic
Type of Care	Exhaustive medical evaluations	Clinical practice guideline with focus on primary care
Tracking	Registry	Coding

VA/DoD Clinical Practice Guidelines



- ♠ DoD and VA collaborating on CPGs since 1988
 - Adapting internationally recognized, evidence-based CPGs for military and veterans healthcare systems
 - CPGs chosen based on readiness needs of military and high-volume, high cost conditions
- ♠ Developed by multi-disciplinary representatives from DoD, Army, Navy, Air Force, and Veterans Health Administration
- ♠ CPGs include supporting material and metrics
- ♠ 24 CPGs as of January 2007

Clinical Practice Guideline for Post-Deployment Health



- ♦ DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline (PDH-CPG)
 - Evidence-based guideline for the evaluation and management of patients with deployment-related health concerns/conditions in the primary care setting
 - Completed by an expert multi-disciplinary, multi-agency panel
 - Replaced Comprehensive Clinical Evaluation Program (CCEP)
 - Initiated with a worldwide satellite broadcast January 2002 and distribution of Tool Kits to all MTFs
 - No change since 2002 except new Toolboxes distributed to MTFs starting in July 2004 and coding guidance modified

PDH-CPG Use Mandated by Health Affairs - April 2002



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

APR 2002

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)

SUBJECT: Policy Memorandum -- Implementation of the Post-Deployment Health Clinical Practice Guideline

“All DoD military treatment facilities should now be using the Post-Deployment Health Clinical Practice Guideline ...the military unique vital sign question *‘Is the reason for your visit today related to a deployment?’* should be asked of every patient...providers will review and employ, as needed, this guideline during their evaluations...”

DoD Deployment Health Centers of Excellence



♠ Deployment Health Clinical Center

at Walter Reed Army Medical Center in Washington, DC

- *Proponent for PDH-CPG*

♠ Deployment Health Research Center

at Naval Health Research Center in San Diego, CA

♠ Deployment Health Surveillance Center

at Army Center for Health Promotion & Preventive Medicine in Aberdeen, MD

Section 743 of the Strom Thurmond National Defense Authorization Act, 1999

National Science and Technology Council Presidential Review Directive 5

(PRD – Planning for the Health Preparedness for and Readjustment of the Military, Veterans, and their Families after Future Deployments

Institute of Medicine, Strategies to Protect the Health of Deployed U.S. Forces, 2000

Who Is Responsible for CPG Policies/Dissemination?

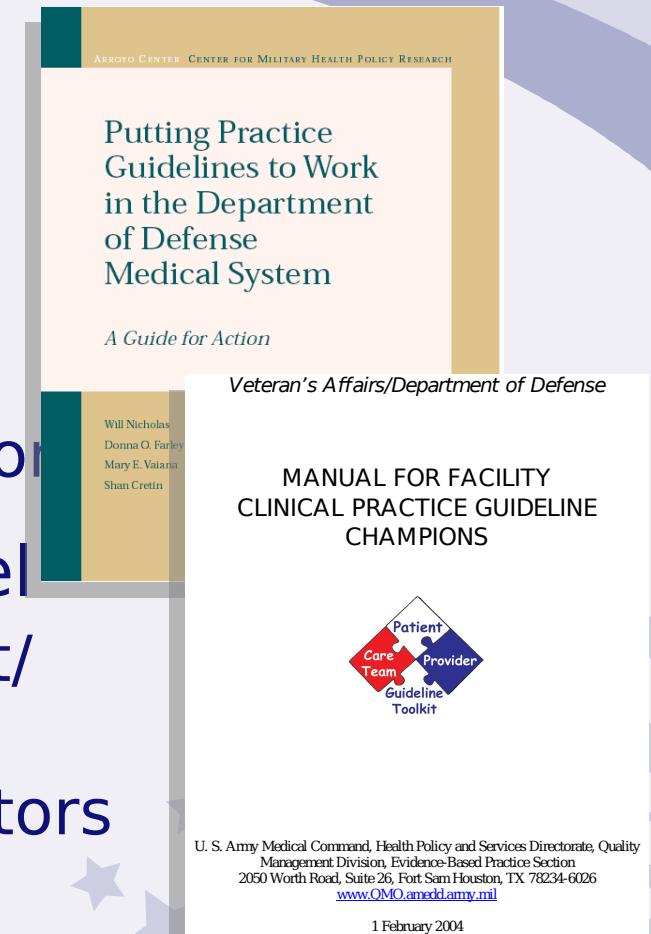


♠ Command Level

- Army - USA MEDCOM Quality Management Office (QMO)
- Air Force - AFMS Population Health Office
- Navy - BUMED Clinical Operations

♠ Medical Treatment Facility Level

- Army - Utilization Management/ Quality Management
- Air Force - Health Care Integrators
- Navy - Determined locally



U. S. Army Medical Command, Health Policy and Services Directorate, Quality Management Division, Evidence-Based Practice Section
2050 Worth Road, Suite 26, Fort Sam Houston, TX 78234-6026
www.OMO.amedd.army.mil

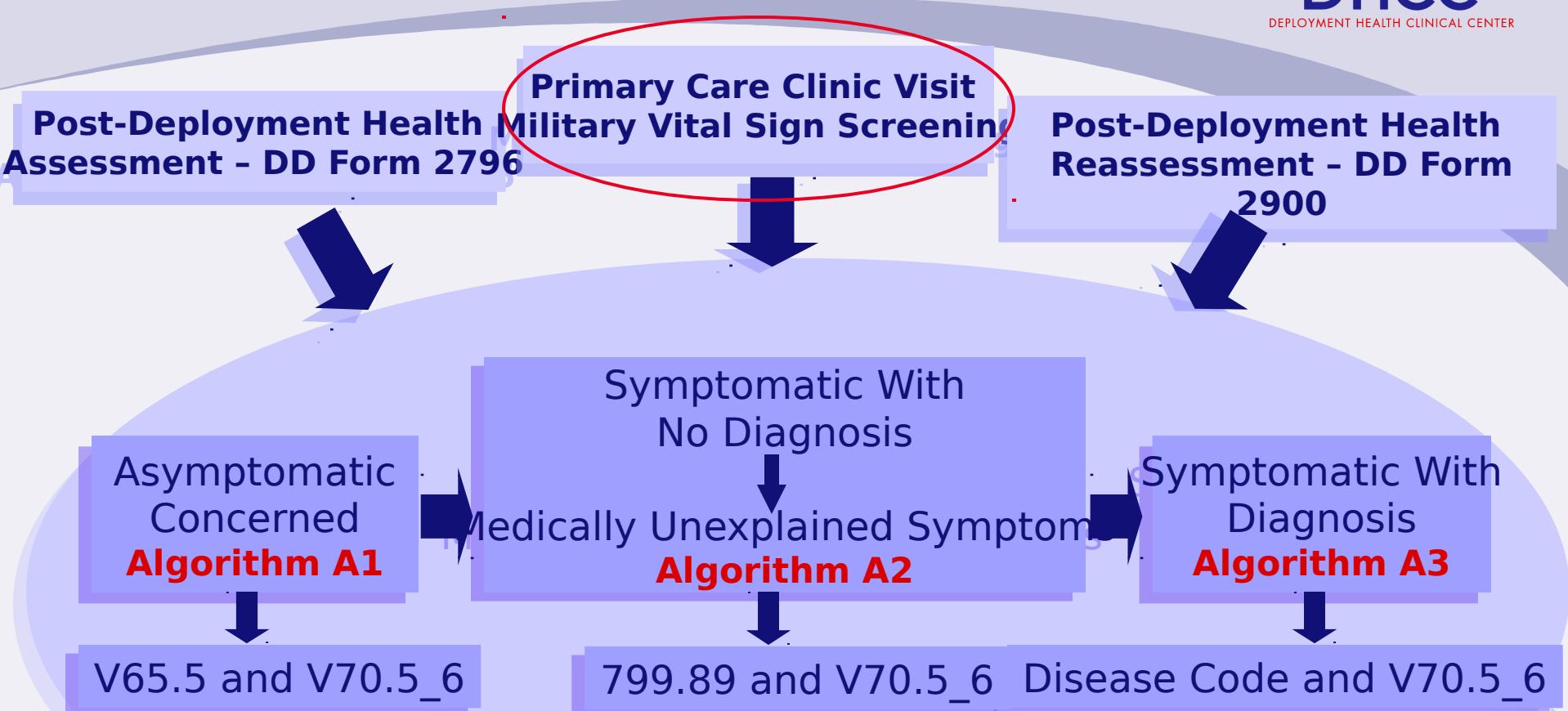
1 February 2004

Key Features of PDH-CPG



- ♠ Military unique **vital sign** to identify deployment- related health concerns
- ♠ Clinically-based **risk communication**
- ♠ Use of an **algorithm-based stepped care** approach
- ♠ Emphasis on longitudinal **follow-up**
- ♠ Web-based **clinician support**
- ♠ Supporting **Center of Excellence**
- ♠ Metrics and outcomes **monitoring**

Overview of PDH-CPG



PDH-CPG

Deployment-Related Question = Military Unique Vital Sign



- ♠ All persons should be asked “***Is your health concern today related to a deployment?***” at every primary care visit except wellness visits (e.g. periodic exams and preventive care)
- ♠ **Patient** rather than provider **determination**
- ♠ Role of Medical Screener
 - Ask military unique vital sign question
 - Document response in AHLTA or on stamped/overprinted SF600
 - Alert provider to “**yes**” or “**maybe**” responses
- ♠ Percentage of positive responses = 2.8% AD vs 0.2% FM in NQMP study published Dec 04

Role of Medical Screener in PDH Screening Process



♠ Role of Medical Screener

- Asks military unique vital sign: *“Is your health concern today related to a deployment?”*
- Marks response on stamped or overprinted SF600
- Alerts provider to “yes” or “maybe” responses

♠ Training for Medical Screener

- How to ask the question
- How to answer patient questions
- How to document the answer

Training Screeners to Ask the Deployment-Related Question



“Is your health concern today related to a deployment?”

- ♠ Ask all beneficiaries
 - Service Members
 - Spouses, Children and Parents
- ♠ Focus on the reason for today's visit
 - Not asking for all concerns about any deployment
- ♠ Deployments include overseas and CONUS assignments

PDH Concerns Clinic Visit Guidance

How to ask the question: “Is your health concern related to a deployment?”

Focus on chief complaint rather than if patient has any PDH concerns.

Deployment is not necessary for patient to have PDH concerns.

- Spouse or child may have concern related to spouse's or parent's deployment
- Patient may have questions about future or past deployments
- Ask this question whether patient is active duty, retired, family member, veteran, deployed or non-deployed

How to respond to patients question:

1) “What do you mean?” or “What do you mean, deployment-related?”

Goal is to record patient's definition of deployment-relatedness not your own

- If patient answers, ask patient to list what has been deployed.
- If so, is today's visit related to that deployment

Review examples of deployment concern or condition (see reverse)

2) “What is deployment?” Avoid narrow definitions of deployment. Offer a few examples (see review and reverse)

3) “Do you know if your health concern is related to deployment?”

4) “I don't know if it is deployment-related.” Mark the “maybe” response. Review examples on reverse

PDH Concerns Clinic Visit Guidance (Side Two)

Deployment Examples

Overseas Deployment	Within the US
• Military liaison and training support	• Fighting forest fires
• Humanitarian assistance	• Managing natural disasters
• Logistics and support	• Construction projects
• Peacekeeping	• Providing disaster relief
• Joint or coalition force exercises	• Responding to terrorist attack
• Combat/War	• Drug interdiction
	• Airport security

Deployment-Related Concern or Condition Examples

- Deployed man feels it's weird (short periods after returning home)
- Post-deployed woman feels donor expresses concern about donating
- Although not deployed, man is concerned about effects of violence
- Spouse complains of rash after wearing clothes worn by member while deployed
- While deployed, former soldier has a toxic exposure and later gets sick from it
- Spouse complains that her child is having nightmares since member returned from combat

**When the patient asks
“Why are you asking me this?”**

- ♠ Explain
 - Deployments can affect the health of and raise concerns for service members and their families
 - Answering the question will help your provider answer your questions and meet your needs
 - This is important because there are resources that can help

PDH-CPG Toolbox
PDH Concerns Clinic Visit Card

PDH Screening Question Marketing Tools in 2002 Tool Kit



♦ To facilitate asking the Deployment-Related Question, posters and wallet cards can be placed in Primary Care Clinics.



Wallet Card



Poster

Available from the Army MEDCOM QMO Web site:
(In Shopping Cart under Post-Deployment Health
CPG ToolKit) <http://www.qmo.amedd.army.mil>

What Is Risk Communication?



- ♠ A science-based approach for communicating effectively in conditions of high concern, low trust and sensitive or controversial situations
- ♠ Helps to build rapport between patient and provider
- ♠ Improves patient:
 - Adherence to medical advice
 - Trust in healthcare system and satisfaction with care
 - Functioning and health behaviors
- ♠ Improves provider satisfaction with process of delivering care

Clinical Risk Communication

E N V I T E



E-mpathy: Listen actively. Acknowledge patient's concerns. Express concern. Convey genuine desire to assist.

N-on confrontational: Avoid disapproving comments. Don't argue.

V-alidate: Validate the patient's decision to seek care

I-nform: Offer data that addresses patient's specific concerns presented in an understandable way.

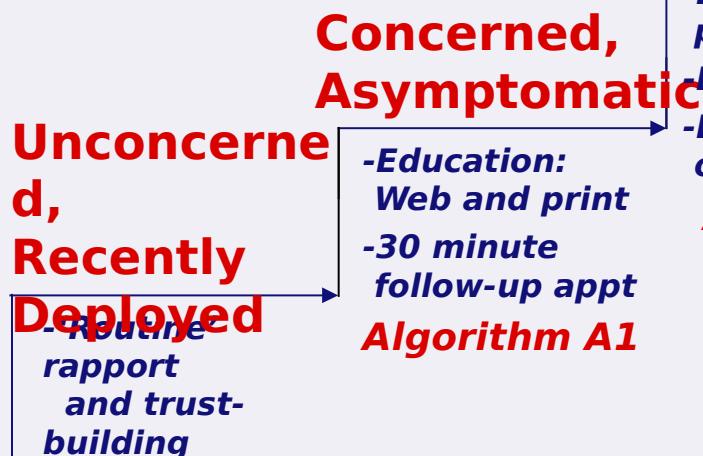
T-ake Action: Describe options. Order appropriate tests/labs. Schedule a follow-up. Research concerns. Consider consultation or second opinion, as needed.

E-nlist Cooperation: Negotiate an action plan with the patient rather than imposing one.

Stepped Risk Communication Strategy



- Important element of PDH-CPG
- Routine primary care assessment/ “routine” trust and rapport building



- Ascend “risk communication stairs” as outlined above

PDH-CPG Process Overview

1st Visit (15 minutes)



- ♠ Identify any PDH concerns
- ♠ Initiate clinical evaluation
- ♠ Triage patient based on PDH-CPG algorithms
- ♠ Document post-deployment concern in chart and AHLTA or Ambulatory Data Module (ADM)
- ♠ Schedule 30 minute follow-up appointment



DD Form 2844 - Post Deployment Medical Assessment Form and Primer



- ♠ Used in place of SF 600 for documenting post-deployment evaluation
- ♠ Form available and can be completed on line at www.PDHealth.mil

DD Form 2844 Primer (Side Two)

Form Structure and Completion Roles and Responsibilities (Cont.)

Section III—Medical History, Assessment, Diagnosis and Treatment (Items 20-29)

Health care provider or screener and comprises:

- Part A—Patient Present Illness
- Part B—Directed Physical Exam
- Part C—Diagnosis
- May include information from other questionnaires, for example:
 - PTSD Checklist (PCL-C)
 - Patient Health Questionnaire (PHQ)
 - Short Form 36 (SF-36)
 - Post-Deployment Health Clinical Assessment Tool (PD-CAT)

- Part D—Treatment Plan
- Part E—Referral
- Part F—Follow-up Appointments

DD Form 2844 Primer

DD Form 2844 Primer: Post-Deployment Medical Assessment

The Post-Deployment Medical Assessment Form (DD 2844) is a voluntary form used for patients presenting with post-deployment health care concerns in a primary care setting. The form facilitates outpatient treatment documentation by annotating key aspects in the assessment, management, and treatment of patients with deployment-related health concerns.

- DD 2844 may be used in lieu of SF 600 only for patients with deployment-related health concerns
- The health care provider should facilitate appropriate referrals and follow-up based on response
- Original DD 2844 should be placed in the patient's permanent medical record

Form Processing

- All military health system beneficiaries with health concerns they believe are deployment-related, at time of identification, are encouraged to seek medical care
- Patients should be asked, "Is your health concern today related to a deployment?"
- If the patient replies "yes," the provider should follow the Post-Deployment Health Clinical Form (PD-CF) available through the DHCC and www.PDHealth.mil

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPO Tool Kit Pocket Cards Version 1.0 December 2003

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DD 2844 Primer

DD Form 2844

INITIAL VISIT		MEDICAL RECORD - POST-DEPLOYMENT MEDICAL ASSESSMENT				DD FORM 2844	
FOLLOW-UP VISIT		MEDICAL RECORD - POST-DEPLOYMENT MEDICAL ASSESSMENT				DD FORM 2844	
1. DOP		2. PULSE		3. BLOOD		4. TEMP	
5. RR		6. B.P.		7. SPO2		8. BLOOD PRESSURE	
9. BMI		10. GENDER		11. MARITAL STATUS		12. ETHNICITY	
13. GRAVES DISEASE		14. HYPERTENSION		15. DIABETES		16. ASTHMA	
17. CHRONIC OBSTRUCTIVE PULMONARY DISEASE		18. CARDIAC DISEASE		19. HYPERTENSIVE DISEASE		20. HYPERTHYROIDISM	
21. MIGRAINE		22. HEADACHE		23. SEIZURES		24. POLYCYSTIC OVARY SYNDROME	
25. FIBROMYALGIA		26. RHEUMATOID ARTHRITIS		27. OSTEOPOROSIS		28. OSTEOPATHY	
29. FIBROSIS		30. RHEUMATIC DISEASE		31. OSTEOPATHY		32. POLYCYSTIC OVARY SYNDROME	
33. FIBROMYALGIA		34. RHEUMATOID ARTHRITIS		35. OSTEOPATHY		36. POLYCYSTIC OVARY SYNDROME	
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349. FIBROMYALGIA		350. RHEUMATOID ARTHRITIS		351. OSTEOPATHY		352. POLYCYSTIC OVARY SYNDROME	
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357. FIBROMYALGIA		358. RHEUMATOID ARTHRITIS		359. OSTEOPATHY		360. POLYCYSTIC OVARY SYNDROME	
361. FIBROSIS		362. RHEUMATIC DISEASE		363. OSTEOPATHY		364. POLYCYSTIC OVARY SYNDROME	
365. FIBROMYALGIA		366. RHEUMATOID ARTHRITIS		367. OSTEOPATHY		368. POLYCYSTIC OVARY SYNDROME	
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377. FIBROSIS		378. RHEUMATIC DISEASE		379. OSTEOPATHY		380. POLYCYSTIC OVARY SYNDROME	
381. FIBROMYALGIA		382. RHEUMATOID ARTHRITIS		383. OSTEOPATHY		384. POLYCYSTIC OVARY SYNDROME	
385. FIBROSIS		386. RHEUMATIC DISEASE		387. OSTEOPATHY		388. POLYCYSTIC OVARY SYNDROME	
389. FIBROMYALGIA		390. RHEUMATOID ARTHRITIS		391. OSTEOPATHY		392. POLYCYSTIC OVARY SYNDROME	
393. FIBROSIS		394. RHEUMATIC DISEASE		395. OSTEOPATHY		396. POLYCYSTIC OVARY SYNDROME	
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409. FIBROSIS		410. RHEUMATIC DISEASE		411. OSTEOPATHY		412. POLYCYSTIC OVARY SYNDROME	
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489. FIBROSIS		490. RHEUMATIC DISEASE		491. OSTEOPATHY		492. POLYCYSTIC OVARY SYNDROME	
493. FIBROMYALGIA		494. RHEUMATOID ARTHRITIS		495. OSTEOPATHY		496. POLYCYSTIC OVARY SYNDROME	
497. FIBROSIS		498. RHEUMATIC DISEASE		499. OSTEOPATHY		500. POLYCYSTIC OVARY SYNDROME	
501. FIBROSIS		502. RHEUMATIC DISEASE		503. OSTEOPATHY		504. POLYCYSTIC OVARY SYNDROME	
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533. FIBROSIS		534. RHEUMATIC DISEASE		535. OSTEOPATHY		536. POLYCYSTIC OVARY SYNDROME	
53							

Researching Deployment-Related Concerns



- ♠ Between 1st & 2nd visit – Research exposure/concern
- ♠ Often the patient initially knows more about deployment-specific exposures than the provider
- ♠ Identify known risks and potential hazards and exposures for the patient's deployment
- ♠ Consult www.PDHealth.mil

PDH-CPG Process Overview

Follow-Up Visits



♦ 2nd visit (30 minutes)

- Continue evaluation (review ancillary studies, consults and deployment exposure information)
- If possible, establish diagnosis and start therapy
- If not, order additional ancillary studies and consults as appropriate

♦ 3rd visit (30 minutes)

- Diagnosis established: monitor therapy
- Diagnosis not established: review additional testing and consultation results
- Continue with algorithm
- Consider consulting with DHCC

Ancillary Studies



- ♠ Selected ancillary studies should be performed based on clues derived from the history and physical examination
- ♠ Testing should be avoided purely for the basis of screening as these tests may
 - Have very low specificity
 - Result in false positive results
 - Cause unrealistic patient expectations

What Should Providers Do at Each Visit?



- ♠ Ask if there are unaddressed or unresolved concerns
- ♠ Summarize and explain all test results
- ♠ Schedule follow-up visits in a timely manner
- ♠ Offer to include the concerned family member or significant other in the follow-up visit
- ♠ Utilize other members of health care team to assist in patient education

Why is Follow-Up Important?



- ♠ Patient follow-up should be
 - Planned
 - Systematic
 - Valued

- ♠ Reasons for follow-up
 - Monitor patient progress
 - Demonstrate provider commitment
 - Opportunity to identify previously unidentified problems
 - Track outcomes of care

Deployment-Related Visit Coding



- ♠ At **All Deployment-Related Visits**, at least **two** ICD* codes must be assigned and documented by the provider. (*International Classification of Diseases)
- ♠ **Deployment-Related Codes:**
 - **Pre-Deployment Related Encounter - V70.5_4**
 - **Intra-Deployment Related Encounter - V70.5_5**
 - **Post-Deployment Related Encounter - V70.5_6**
 - **Pre-Deployment Assessment on DD 2795 - V70.5_D**
 - **Initial Post-Deployment Assessment on DD 2796 - V70.5_E**
 - **Post-Deployment Reassessment on DD2900 - V70.5_F**

Deployment-Related Visit Coding (continued)



♦ Code In Primary Position:

When documenting an exam, assessment, or screening encounter when the purpose of the encounter is specifically deployment-related.

♦ Code In Subsequent Position:

When documenting an encounter whose primary purpose was not specifically deployment-related, but deployment-related concerns were found that should be coded as additional diagnoses.

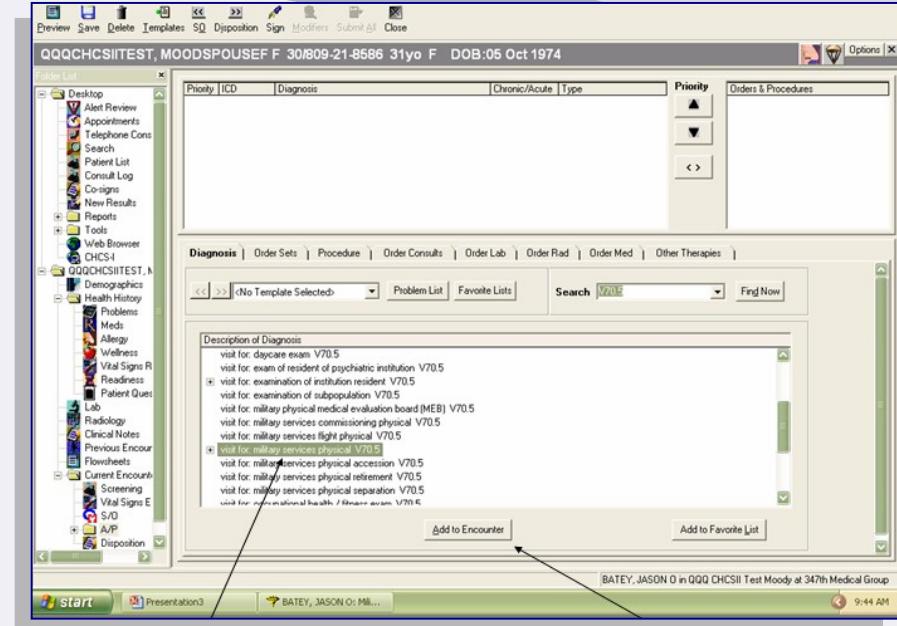
Type of Visit	Primary Diagnosis ICD Code	2 nd 3 rd 4 th Diagnosis ICD Code
Asymptomatic Concerned	V65.5	V70.5_6
Symptomatic	Disease-specific	V70.5_6
Medically Unexplained Symptoms	799.89	V70.5_6
P-D Exam Symptomatic	V70.5_6	Disease-specific
Asymptomatic PDHA DD Form 2795	V70.5_E	None

Post-Deployment Diagnosis Coding in AHLTA



♠ Coding V70.5_6

- In A/P Section, enter V70.5 into Search window
- Select the diagnosis entitled “visit for military services physical V70.5” and click the “Add to Encounter” button
- Select the DoD Specific Extender code “V70.5_6 Post-Deployment Examination
- Entry in record will state: “visit for: military services physical (Post-Deployment Examination)”



♠ Coding V65.5

- Select “feared medical condition not demonstrated”

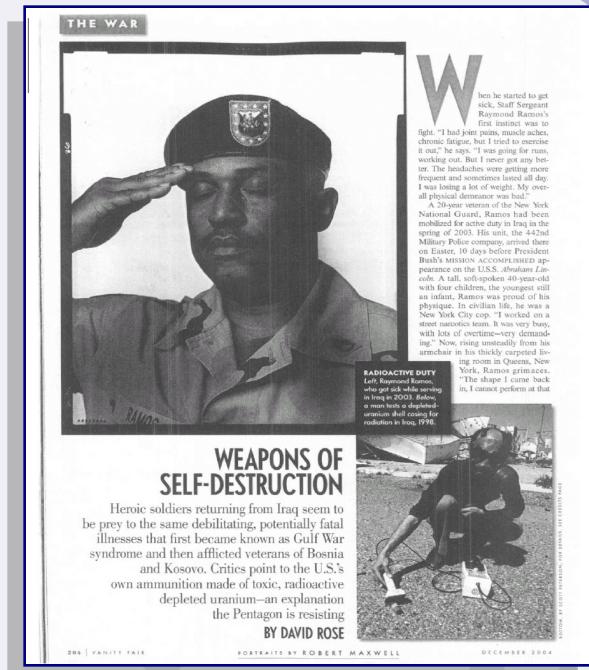
♠ Coding 799.89

- Select “ill-defined condition”

Asymptomatic Concerned Example



- ♠ 21 year old SGT Pierce Armor was deployed to OIF from June 2003 - March 2004
- ♠ No concerns noted on DD 2796
- ♠ Presents to PCM 6 weeks after re-deployment with concern about depleted uranium (DU) exposure. States he has no symptoms
- ♠ Read *Vanity Fair* article questioning DoD's truthfulness about DU exposure health risks



Vanity Fair Magazine

Asymptomatic Concerned Algorithm A1 - Definition and Management

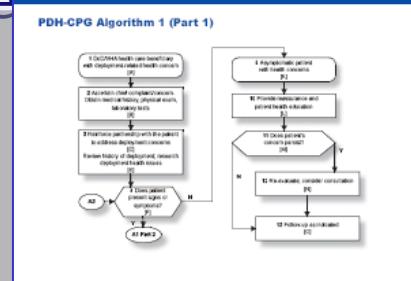


Definition

- Expresses a health concern, but does not exhibit or describe any discernable illness or injury
- Concerns may be related to
 - Illness
 - Vaccine or medication
 - Exposure or anticipated exposure
 - Personal experience
 - News media, Internet etc.

Management

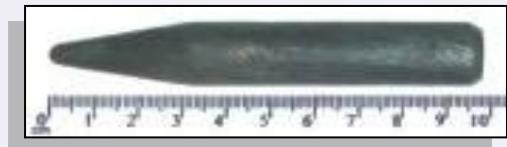
- Use Algorithm A1
- Identify patient's health and exposure concerns
- Provide patient education
- Schedule a 30 minute follow-up visit. If concern persists re-evaluate
- Research the concerns. Consult www.PDHealth.mil
- Document in chart and code **V65.5 and V70.5_6 in I/ADM**



Depleted Uranium



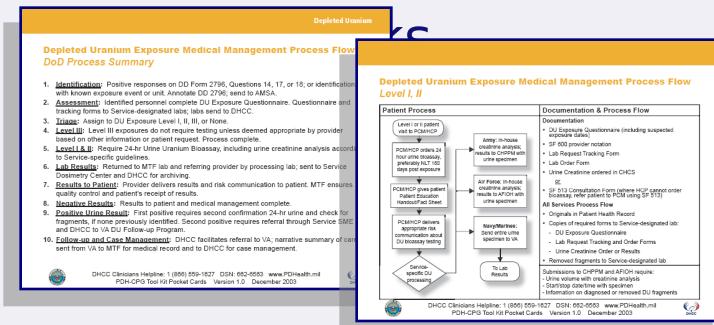
- ♦ Dense, slightly radioactive heavy metal produced as by-product of uranium enrichment process
- ♦ Used by US military in armor-piercing munitions and protective armor in certain Abrams tanks
- ♦ Health concerns predominately related to its chemical properties rather than its low radioactivity
- ♦ HA Policy 03-012, 30 May 03 and OTSG/MEDCOM Policy Memo 05-003, Medical Management of Army Personnel Exposed to Depleted Uranium, 4 May 05 and any with positive the VA DU Follow-up
 - Risk Levels I-III
 - 24-hour urine DU bioassay and DU



DHCC Depleted Uranium Resources



- ♠ Policies and Directives
- ♠ Clinical Guidance
- ♠ Forms and Measures
- ♠ Fact Sheets
- ♠ Other DU-Related Information
- ♠ Education and Training
- ♠ Research



Welcome to pdhealth.mil
a product of the DHCC

Depleted Uranium

- Policies and Directives
 - DoD / Joint Forces
 - VA
 - Army
 - Air Force
 - Navy / Marines
- Clinical Guidance
- Forms and Measures
- Fact Sheets
- Other DU-Related Information
- Education and Training
- Research
- Related Links

POLICIES AND DIRECTIVES

DO D / JOINT FORCES

- ASD(HA) Memorandum, Operation Iraqi Freedom Depleted Uranium Bioassay Results and Semi-Annual Data Submission, 14 Feb 05
- ASD(HA) Memorandum, Operation Iraqi Freedom Depleted Uranium Bioassay Results and Semi-Annual Data Submission, 10 Sep 04
- ASD(HA) Message 2, Depleted Uranium Battlefield Health Threat
- ASD(HA) Memorandum, Operation Iraqi Freedom Depleted Uranium Medical Management
- HA Policy 04-004, Department of Defense Biomonitoring Policy and Approval of Depleted Uranium and Lead, 6 Feb 04
- HA Policy 03-012, Policy for OIF DU Management, 30 May 03

Deployment Health Clinical Training Series
January 27-29, 2004

Operation Iraqi Freedom (OIF) Management of Depleted Uranium Exposures

R. Craig Postlewaite, DVM, MPH
Senior Analyst, Force Health Protection, DoD FHP&R
Deployment Health Support Directorate

Available on

www.PDHealth.mil

Medically Unexplained Symptoms *Example*



- ♠ 44 year old COL Abel Leader deployed to Mosul from November 2003 – May 2005
- ♠ No concerns noted on DD 2796
- ♠ Presents to PCM 4 months after re-deployment complaining of muscle aches, headaches, fatigue and decreased concentration
- ♠ This is a follow-up appointment after initial workup did not yield a diagnosis

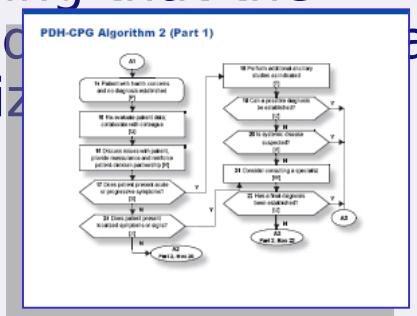


Medically Unexplained Symptoms Algorithm A2

Definition and Management



- ♦ Symptoms that remain unexplained after an appropriate medical assessment that includes focused diagnostic testing
- ♦ Highly recommended that >2 visits be completed before concluding that the patient does not have a recognizable injury



Management

- ♣ Refer to VA/DoD MUS-CPG
- ♣ Provide patient education
- ♣ Emphasize self-management strategies to improve functional status and quality of life
- ♣ Involve family or other support systems, when possible
- ♣ Consult with DHCC Clinicians Helpline
- ♣ Maintain regular follow-up to monitor changes in status
- ♣ Document in chart and code **799.89** and **V70.5_6** in AHLTA/ADM

Medically Unexplained Symptoms Resources



VA/DoD MUS CPG



DEPLOYMENT HEALTH CLINICAL CENTER

[Advanced Search](#) [Search](#)

Guidelines

Medically Unexplained Symptoms

Background

Medically Unexplained Symptoms (MUS), Medically Unexplained Physical Symptoms (MUPS) or Unexplained Symptoms are the terms used to describe symptoms that remain unexplained after an appropriate medical assessment that includes focused diagnostic testing. Patients are often given multiple labels that lack a well-defined disease explanation. Usual clinical features include a relative lack of objective signs and a chronic symptom course often marked by exacerbations, remissions, and recurrences. Therefore, clinical management must be based largely upon patient report, rather than specific findings on clinical examination or diagnostic testing. A compassionate approach to patients with medically unexplained symptoms (MUS) is essential.

In the News

How Malaria Dupes Immune System

Research Advisory Committee on Gulf War Veterans' Illnesses

The Veterans Administration (VA) and the Department of Defense (DoD) are working together to improve care for patients with Medically Unexplained Symptoms (MUS). The VA and DoD have developed a Clinical Practice Guideline for MUS. The purpose of this presentation is to review the patient assessment process described in the DoD/VA Clinical Practice Guideline for MUS.

Deployment Health Clinical Center
Medically Unexplained Symptoms

Provider Helpline: 1-866-559-1627
www.PDHealth.mil

Locus Coeruleus
in Three American
Probable or
Related PTSD

Battle Mysterious

Improvement in Care for Patients with Medically Unexplained Symptoms (MUS)

COL Charles C. Engel, MD, MPH
Director, Deployment Health Clinical Center

Help Them Colonel Charles Engel, the Director of the Deployment Health Clinical Center and an associate professor of psychiatry at the Uniformed Services University of the Health Sciences, is ready to be there for you about Medically Unexplained Symptoms (MUS) and the DoD/VA Clinical Practice Guideline for Medically Unexplained Symptoms. The objectives for this presentation are to review the patient assessment process described in the DoD/VA Clinical Practice Guideline for MUS.

COL Charles C. Engel, MD, MPH
Presentation Objectives:
1. Comparison of Rates of Physical Symptoms in Veterans
2. Post-Vet & Post-Deployment Syndromes
3. The MUS Clinical Process

VA/DoD CLINICAL PRACTICE GUIDELINE MANAGEMENT OF MEDICALLY UNEXPLAINED SYMPTOMS (MUS): CHRONIC PAIN & FATIGUE

A PATIENT WITH MEDICALLY UNEXPLAINED SYMPTOMS (MUS):

- Establish that the patient has unexplained symptoms after an appropriate assessment.
- Obtain a thorough medical history, physical examination, and medical record review.
- Minimize烈性。
- Identify treatable cause(s) for patient's symptoms.
- Determine if patient can be classified as Chronic Multi-Symptom Illness (CMI) (i.e., has two or more symptom clusters: Pain, fatigue, cognitive dysfunction, or sleep disturbance).

Definition for CFS (Chronic Fatigue Syndrome):
A patient with fatigue that is not relieved by rest, is not a new or defined need, is not the result of ongoing exertion, is not substantially reduced by bed rest, and is not explained by known medical conditions.

Four or more of the following symptoms that persist or occur during a 6-month consecutive period of illness and are not explained by known medical conditions:

- Severe fatigue
- Post-exertional malaise or fatigue
- Muscle pain
- Headache or pain without nausea or swelling
- Headaches of acute onset or severity
- Difficulty sleeping (i.e., waking up feeling unrefreshed)
- Neuroregressive difficulties common in CFS
- Vegetative symptoms
- Memory or concentration problems
- Sleep disturbance common in CFS
- Other symptoms that are not explained by:
 - Difficulty falling asleep
 - Insomnia
 - Abdominal discomfort (e.g., myositis)
 - Weakness

Neuroregressive difficulties common in CFS

Vegetative symptoms

Memory or concentration problems

Sleep disturbance common in CFS

Other symptoms that are not explained by:

- Difficulty falling asleep
- Insomnia
- Abdominal discomfort (e.g., myositis)
- Weakness

HOW TO CHARACTERIZE SYMPTOMS

SYMPTOM ATTRIBUTES	QUESTIONS
Details:	<ul style="list-style-type: none">Exact symptoms (e.g., pain, a rash)How the symptom started (e.g., sudden, gradual, progressive)How the symptom evolved (e.g., got worse, got better, fluctuates)How often the symptom occursHow long the symptom lastsHow the symptom is relieved (e.g., rest, medication)How the symptom is worsened (e.g., exertion, stress)
Onset:	<ul style="list-style-type: none">When did the symptom start?How long has the symptom been present?When did the symptom last?When did the symptom start again?When did the symptom start after an illness?When did the symptom start after a medication?When did the symptom start after a procedure?When did the symptom start after a vacation?
Location:	<ul style="list-style-type: none">Is the symptom located in a specific area?Is the symptom located in a specific body system?Is the symptom located in a specific body part?Is the symptom located in a specific body system?Is the symptom located in a specific body part?
Co-morbidity:	<ul style="list-style-type: none">Are there other medical conditions?Are there other physical symptoms?Are there other mental health symptoms?Are there other social or environmental factors?Are there other medical conditions?Are there other physical symptoms?Are there other mental health symptoms?Are there other social or environmental factors?
Previous episodes:	<ul style="list-style-type: none">How many previous episodes?How long did each episode last?How many previous episodes?How long did each episode last?
Intensity and Impact:	<ul style="list-style-type: none">How intense is the symptom?How long does the symptom last?How intense is the symptom?How long does the symptom last?
Previous treatment and predictors:	<ul style="list-style-type: none">Findings from past treatment regimens and resultsFindings from past treatment regimens and results
Plan for initial and subsequent therapy:	<ul style="list-style-type: none">The treatment plan and any medications initiatedThe treatment plan and any medications initiated
Rule out of life threatening symptoms:	<ul style="list-style-type: none">Other findings from the history and physical exam that suggest a life threatening conditionOther findings from the history and physical exam that suggest a life threatening condition

VA/DoD Clinical Practice Guideline Management of Medically Unexplained Symptoms (MUS): Chronic Pain & Fatigue

ASSESSMENT

Medically Unexplained Physical Symptoms (MUPS): A Guide for Re-Deploying Service Members

PDH-CPG Toolbox MUS Cards

Brought to you by Deployment Health Clinical Center

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

DEPARTMENT OF DEFENSE
DEPARTMENT OF DEFENSE

Medically Unexplained Symptoms

Follow-up Visits



- ♠ Negotiate treatment options and establish collaboration
- ♠ Provide patient education
- ♠ Maximize use of non-pharmacologic therapies
 - Graded Aerobic Exercise
 - Cognitive Behavioral Therapy
- ♠ Empower patient to take active role in treatment
- ♠ Consult/refer to DHCC Specialized Care Program

Self Care of Medically Unexplained Symptoms

As a patient, you have a right and responsibility to be a partner in your care. Good partnerships start with good communication.

When you need to see your health care provider-

- Make an appointment as soon as possible. Some clinics have a walk-in option for urgent problems.
- Start the reasons for your visit and if you need more time than usual to discuss a problem.
- Say if you expect the doctor to see more than one family member in scheduled appointments back to back.

If you think you have MUPS, have been deployed, and require further assistance, please contact the Deployment Health Clinical Center. There is a toll-free number to assist you: (866) 559-1627.

You can also visit the website at: <http://www.deploymenthealth.gov>

Other information:
UIN Services: <http://www.dhcc.mil/uin/>
Amer. Heart: <http://www.dhcc.mil/americanheart/>
Natio. Heart: <http://www.dhcc.mil/nationalheart/>
Gen. Help: <http://www.dhcc.mil/generalhelp/>

Medically Unexplained Physical Symptoms: MUPS

Headaches
Fatigue
Memory Loss
Unexpected Weight Changes
Insomnia
Joint Pain
Skin Rash

What is a skin rash?
A skin rash is a visible change in the color and texture of the skin. The location, appearance, persistence, and severity of a skin rash can help your provider determine the cause and treatment.

What causes a skin rash?
This is a hard question to answer because there can be many causes of skin rashes. Common causes of rashes include allergic reactions to a number of factors ranging from metals, insects, chemicals, plants, and medications to foods, cosmetics, and other substances. The most common type of rash is the urticaria, or hives, which is a change in the color of the skin, as compared to the rest of the body. This means inflamma-

What are digestive problems?
Digestive problems are associated with abdominal problems, including diarrhea and constipation. These are some common medical problems that are not completely understood. We do know, however, that some completely normal and expected changes in the body, such as those that occur after physical activity, should not be a cause for concern. If you experience a bowel change that is persistent, severe, or accompanied by other symptoms, such as fever, chills, or pain, you should seek medical attention.

When to seek medical help:

- Bleeding in your stool or in the toilet after you have a bowel movement.
- A change in the range of your stool.
- Green or grayish stool.
- Persistent diarrhea mixed with blood or associated with fever and vomiting.

Call your provider if:

- You have a fever.
- You have a persistent rash.
- You have a persistent cough.
- You have persistent pain.

Digestive Problems

Available from the Army MEDCOM QMO web site:
www.qmo.amedd.army.mil

Additional Assessment and Outcome Tools



♠ SF-36v2 - Health Survey

- Short measure of health-related quality of life

SF-36v2™ Health Survey <p>This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.</p> <p>1. In general, would you say your health is: [Click on the circle that best describes your answer.]</p> <table border="1"><tr><td>Excellent C</td><td>Very Good C</td><td>Good C</td><td>Fair C</td><td>Poor C</td></tr></table> <p>2. Compared to one year ago, how would you rate</p> <table border="1"><tr><td>Much better now than one year ago C</td></tr></table> <p>3. The following questions are about activities you do</p> <table border="1"><tr><td>a. Vigorous Activities, such as running, lifting, carrying, or moving heavy objects b. Moderate Activities, such as moving a table, lifting or carrying groceries c. Lifting or carrying groceries d. Climbing several flights of stairs e. Climbing one flight of stairs f. Bending, kneeling, or stooping g. Walking more than a mile h. Walking several hundred yards i. Walking several blocks j. Bathing or dressing yourself</td></tr></table> <p>4. During the past 4 weeks, how much of the time</p> <table border="1"><tr><td>Not bothered □</td><td>Bothered a little □</td><td>Bothered a lot □</td></tr></table> <p>Patient Health Questionnaire™ (PHQ) <i>This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your overestimate, unless you are requested to skip over a question.</i></p> <p>Name: _____ Age: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Today's Date: _____</p> <p>1. During the last 4 weeks, how much have you been bothered by any of the following problems?</p> <table border="1"><tr><td>a. Stomach pain</td><td>b. Back pain</td><td>c. Pain in your arms, legs, or joints (knees, hips, etc)</td><td>d. Menstrual cramps or other problems with your periods</td></tr><tr><td>e. Pain or problems during sexual intercourse</td><td>f. Headaches</td><td>g. Chest pain</td><td>h. Dry mouth</td></tr><tr><td>i. Fainting spells</td><td>j. Feeling your heart pound or race</td><td>k. Shortness of breath</td><td>l. Constipation, loose bowels, or diarrhea</td></tr><tr><td>m. Nausea, gas, or indigestion</td><td></td><td></td><td></td></tr></table> <p>2. Over the last 4 weeks, how often have you been bothered by any of the following problems?</p> <table border="1"><tr><td>a. Little interest or pleasure in doing things</td><td>b. Feeling down, depressed, or hopeless</td><td>c. Trouble falling or staying asleep, or sleeping too much</td><td>d. Feeling tired or having little energy</td><td>e. Poor appetite or overeating</td><td>f. Feeling bad about yourself, or that you are a burden to others</td><td>g. Having trouble concentrating on things, such as reading or watching television</td><td>h. Moving or speaking so slowly that others notice you — being so fatigued or weak that you around a lot more than usual</td><td>i. Thoughts that you would be better off dead or dying</td></tr></table> <p>Post Deployment Clinical Assessment Tool</p> <p>PRIVACY ACT STATEMENT –Post Deployment Clinical Assessment Tool AUTHORITY: 5 U.S.C. 301; and Executive Order 13397</p> <p>PRINCIPAL PURPOSE: The Post Deployment Clinical Assessment Tool (PDCAT) is being administered to assist in providing appropriate care for you and/or your family in relation to deployment, post-deployment, and other threats. This tool will also assist in planning to provide better medical care for beneficiaries in the future. The PDCAT will be used by your health-care manager in coordination with your primary care manager to tailor optimum care for you.</p> <p>ROUTINE USES: None.</p> <p>DISCLOSURE: Voluntary. Failure to respond will not result in any penalty. However, maximum participation is encouraged so that data will be complete and representative. Your PDCAT form will be treated as confidential.</p> <p>I HAVE READ THE ABOVE AND UNDERSTAND THE INFORMATION.</p> <p>Print Name _____ Signature _____ PRIVACY ACT STATEMENT _____</p> <p>Date Completed _____ year / month / day _____</p> <p>Patient Identification _____</p> <p>Version 7: 20May03 1 PDCAT</p>						Excellent C	Very Good C	Good C	Fair C	Poor C	Much better now than one year ago C	a. Vigorous Activities, such as running, lifting, carrying, or moving heavy objects b. Moderate Activities, such as moving a table, lifting or carrying groceries c. Lifting or carrying groceries d. Climbing several flights of stairs e. Climbing one flight of stairs f. Bending, kneeling, or stooping g. Walking more than a mile h. Walking several hundred yards i. Walking several blocks j. Bathing or dressing yourself	Not bothered □	Bothered a little □	Bothered a lot □	a. Stomach pain	b. Back pain	c. Pain in your arms, legs, or joints (knees, hips, etc)	d. Menstrual cramps or other problems with your periods	e. Pain or problems during sexual intercourse	f. Headaches	g. Chest pain	h. Dry mouth	i. Fainting spells	j. Feeling your heart pound or race	k. Shortness of breath	l. Constipation, loose bowels, or diarrhea	m. Nausea, gas, or indigestion				a. Little interest or pleasure in doing things	b. Feeling down, depressed, or hopeless	c. Trouble falling or staying asleep, or sleeping too much	d. Feeling tired or having little energy	e. Poor appetite or overeating	f. Feeling bad about yourself, or that you are a burden to others	g. Having trouble concentrating on things, such as reading or watching television	h. Moving or speaking so slowly that others notice you — being so fatigued or weak that you around a lot more than usual	i. Thoughts that you would be better off dead or dying
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SF-
36v2

PHQ

PDCAT

♠ PDCAT - Post Deployment Health Clinical Assessment Tool

- Measures certain aspects of physical and mental health

Forms and primers on www.PDHealth.mil

DHCC Clinical Care

Specialized Care Programs

(Tracks I and II)



♦ Intensive, **3-week, multidisciplinary, rehabilitative program** for patients with deployment-related chronic illness, Medically Unexplained Symptoms or Post-Operational Stress

♦ Available to **all military members and family members** continuing to have problems after going through PDH-CPG based care at local MTF and meeting admission criteria (e.g., ambulatory, capable of some exercise) (**Track II for military members only**)

- Physical conditioning and self-care strategies
- Relaxation treatments include
 - Cognitive-behavioral therapy
 - Exposure therapy

- Patient education
- Counseling
- Nutritional counseling

Established Diagnosis

Example

- ♠ 34 year old MSGT Benina
Trauma deployed to Iraq from
February 2004 - June 2005
- ♠ No concerns noted on DD
2796
- ♠ Presents to PCM 12 weeks
after re-deployment with
 - Insomnia, nightmares,
exaggerated startle, anger
outbursts, increased alcohol
consumption, avoidance of
others and depressed mood
 - Husband expresses concern
over her behavior at home
 - Saw two buddies severely
injured and one killed



Established Diagnosis

Algorithm 3 Definition and Management

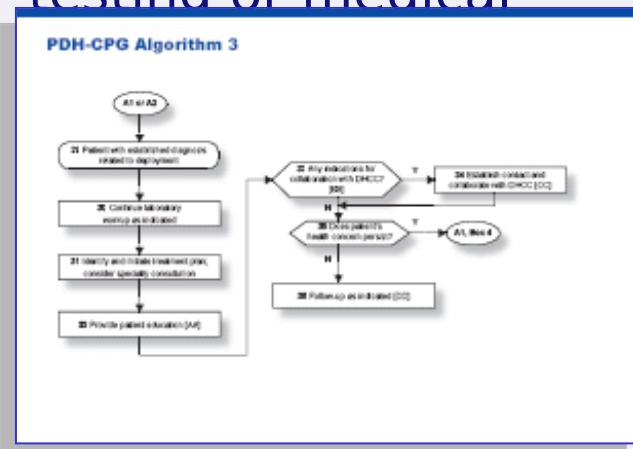


Definition

- ♦ Clinically defined injury or disease based on objective and reproducible clinical findings on examination, laboratory testing or medical

Management

- ♦ Evaluate patient and establish a diagnosis
- ♦ Manage per applicable disease-specific clinical practice guideline
- ♦ Consult Specialty Care as needed
- ♦ Provide patient information
- ♦ Document in chart and code ICD 9CM code of established diagnosis and V70.5_6 in AHLTA/ADM
- ♦ Follow-up to monitor status



Post Traumatic Stress Disorder Checklists, Primer and CPG Resources on www.PDHealth.mil



♦ Post Traumatic Stress Disorder Checklists (PCL)

- Assesses trauma-related distress
- Self-administered
- 3 Versions
 - Civilian Version (PCL-C)
 - Military Version (PCL-M)
 - Stress Specific Version (PCL-S)

PCL (Side Two)

Are Results Valid and Reliable?

- Two studies of both Vietnam and Persian Gulf theater veterans show that the PCL is both valid and reliable (Additional references are available from the DHCC).

Who Completes the Form?

- Military personnel indicating potentially serious post-deployment health concerns on DD Forms 2788 or 2844 may benefit from further evaluation using the PCL.
- Persons with symptoms of PTSD, including primary care exams or other health care visits may benefit from further evaluation using the PCL.

What Additional Follow-up is Available?

- All military health system beneficiaries with health concerns they believe are deployment-related are encouraged to seek medical care.
- Please remember, "Is your health concern today related to a deployment?" during all primary care visits.
- If the patient replies "yes," the provider should follow the Post-Deployment Health Clinical Practice Guideline (PCH-CPG) and supporting guidelines available through the DHCC and www.PHHealth.mil

PTSD Checklist

The PCL is a brief self-report rating scale for PTSD comprising 17 items that correspond to the symptoms of PTSD. Two versions of the PCL exist:

1. PCL-M is specific to PTSD caused by military experiences
2. PCL-C is applied generally to any trauma event

The PCL can be easily modified to focus on specific events or events. For example, instead of asking about "work", the clinician may ask about "the past week" or be modified to focus on events specific to a deployment.

How is the PCL completed?

- The PCL is self-administered
- Respondents indicate how much they have been bothered by a symptom over the past month, using a 5-point scale, rating their responses. Responses range from 1 (Not at all) – 5 (Extremely).

How is the PCL Scored?

- 1) Add up all the scores on a total symptom score
or
- 2) Treat responses categories 3-5 (moderate or above) as symptomatic and responses 1-2 (below moderate) as non-symptomatic, then follow the following DSM criteria for a diagnosis:

- Symptom response to at least 1 "B" item (Questions 1-5).
- Symptom response to at least 3 "C" items (Questions 6-12).
- Symptom response to at least 3 "D" items (Questions 13-17).

DHHS PCL-5 Version 1.0
PCL-5 for PTSD Kit Pocket Cards - Version 1.0, December 2003
<http://www.ptsdresourcecenter.org/PTSD/PCL/PDFs/PCL-5%20Kit%20Pocket%20Cards%20-%20Version%201.0%20-%20December%202003.pdf>


DHCC
 DEPLOYMENT HEALTH CLINICAL CENTER

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Guidelines

POST TRAUMATIC STRESS DISORDER (PTSD)

Background

Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Many people experience the ordeal in the movies, nightmares, or when they are exposed to the trauma. People with PTSD may experience numbness and sleep difficulty, and irritability or outbursts of anger are also common. Physical symptoms of gastrointestinal distress, dizziness, chest pain, or palpitations are common in people who have PTSD.



In the News

[How Malaria Dampens Immune System](#)

[Research Advisory Committee on Gulf War Veterans' Illnesses](#)

[Postmortem Locus Coeruleus Neuron Count in Three American Veterans With Probable or Possible War-Related PTSD](#)

[Clinicians](#)

[Veterans](#)

[Family and Friends](#)

[Reserve Component](#)

[Deployment Cycle Support](#)

[PDF Guidelines](#)

[Emerging Health Concerns](#)

[News and Announcements](#)

[Library](#)

[Education and Training](#)

[Risk Communication](#)

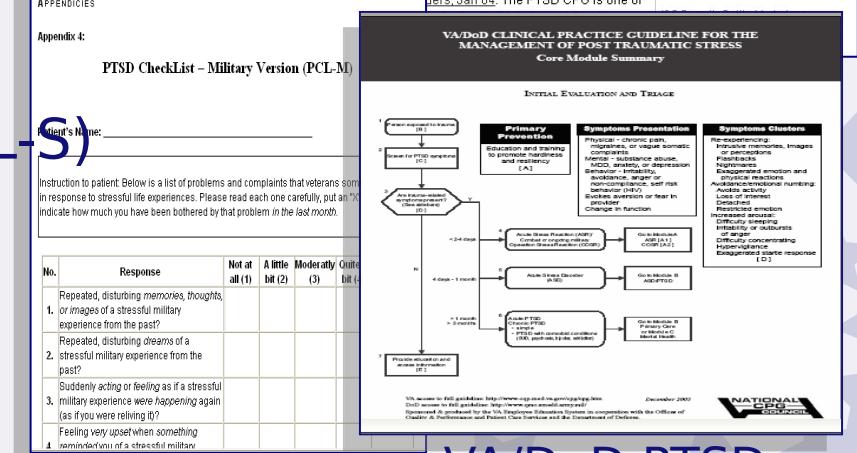
[Research](#)

[War on Terrorism](#)

[PDH Guidelines](#)

[Interactive Guidelines](#)

[NIHICIES](#)



PCI -M

VA/DoD PTSD CRG

Mental Health Resources for AD and RC/NG Prior to REFRAD



- ♠ MTF Mental Health/Behavioral Health/Life Skills
- ♠ Chaplains
 - Marital Counseling
- ♠ Support Programs
 - Army Community Services
 - Family Advocacy Programs
- ♠ Veterans Centers-206 nationwide
 - Readjustment Counseling Services (RCS)
- ♠ Military OneSource
 - Confidential counseling and community resources

The screenshot shows the DHCC Family and Friends page. The left sidebar has a navigation menu with links like Clinicians, Veterans, Family and Friends (which is the active page), Reserve Component, Deployment Cycle Support, PDH Guidelines, Emerging Health Concerns, News and Announcements, Library, Education and Training, Risk Communication, Research, War on Terrorism, Are You a New User?, About DHCC, Contact DHCC, Index & Site Map, Help and FAQs, and 508-Compliant Site. The main content area has a search bar and a "Family and Friends" section with text about valuing the service of men and women in the armed forces and their families. It includes a photo of a family and a "Military Community Assistance Programs" section with a "Military OneSource" link. The right sidebar has sections for "In the News" with links to "For Soldiers and their Families, There is Hope", "Update: Pre- and Post-Deployment Health Assessments, US Armed Forces, January 2003-August 2005", "When Helping Spouses is the Job Description", "Some Veterans Think Combat Improved Their Lives", "GAO: Health Insurance Stipend Program Would Cost More than TRICARE but Could Improve Continuity of Care for Servicemember Dependents", "Amputee Helps Wounded Marines Run Marathons", and "TRICARE Offers PTSD Assistance".

PDH-CPG Implementation Metrics



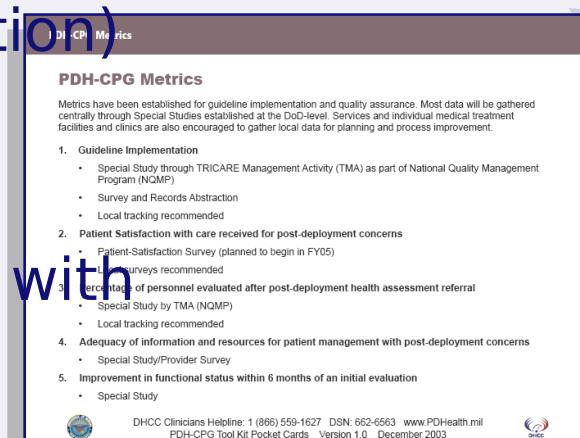
♠ Chart Audit

- Documentation that beneficiary was asked if their visit was deployment-related
- If visit was deployment-related, was (Optional) DD Form 2844 used?
- If visit was deployment-related, was a specialty referral made? (Provider's discretion)

♠ Electronic Records Review

- Ambulatory encounters for post-deployment concern were coded with ICD-9 code (V70.5_6) in ADM

♠ Provider Survey

A screenshot of a survey interface titled "PDH-CPG Metrics". The page contains a list of 5 numbered items, each with a bulleted sub-list of tasks or studies. At the bottom, there is a "Specialty" dropdown menu and a "Next" button.

PDH-CPG Metrics

Metrics have been established for guideline implementation and quality assurance. Most data will be gathered centrally through Special Studies established at the DoD-level. Services and individual medical treatment facilities and clinics are also encouraged to gather local data for planning and process improvement.

1. Guideline Implementation
 - Special Study through TRICARE Management Activity (TMA) as part of National Quality Management Program (NQMP)
 - Survey and Records Abstraction
 - Local tracking recommended
2. Patient Satisfaction with care received for post-deployment concerns
 - Patient Satisfaction Survey (planned to begin in FY05)
 - Local Surveys recommended
3. Percentage of personnel evaluated after post-deployment health assessment referral
 - Special Study by TMA (NQMP)
 - Local tracking recommended
4. Adequacy of information and resources for patient management with post-deployment concerns
 - Special Study/Provider Survey
5. Improvement in functional status within 6 months of an initial evaluation
 - Special Study

Specialty:

Next

Military Health System - Clinical Quality Management (MHS-CQM)



♠ Changed from National Quality Management Program (NQMP) on 28 Jan 07

♠ Clinical quality assurance and improvement program for the Military Health System (MHS)

♠ Under TRICARE Management Activity (TMA)

♠ Performs External Review of Care

- Web site includes free CME/CEU presentations on results of Special Studies

A screenshot of the MHS-CQM website. The header reads "MHS - CQM Military Health System Clinical Quality Management". The left sidebar has links for "About Us", "Quality Directives", "Quality Initiatives", "Patient Safety", "VA/DoD CPGs", "Free CEU/CME", "Related Links", "FAQs", "Sitemap", and "Contact Us". The main content area has sections for "Education", "Measures", "Research", "Committees", "Library", and "Free CEU/CME". A sub-section under "Education" says "NQMP has a new name. Welcome to MHS-CQM!". It discusses free CME, CNE, and general continuing education credits. Another section shows a hand using a computer mouse with the text "CME, CNE, and General Credits".

A screenshot of a study report titled "Post-Deployment Health Care Screening and Evaluation in the Direct Care System". The report discusses a study that found only 53 percent of active-duty beneficiaries were screened for deployment-related concerns compared to 66 percent of non-active-duty beneficiaries. The methodology involved a multistage cluster sampling design. The study found that although deployment-related concerns were detected in 2.8 percent of active-duty and only 0.2 percent of non-active-duty beneficiaries, the methodology was not fully described. The report also includes a section on "Screening" which states the study sample included 11,762 beneficiaries, with 61 percent (7,107) endorsed having a deployment-related health concern.

FY 2004 NQMP Study of PDH-CPG Implementation



- ♠ National Quality Management Program (NQMP) Study
- ♠ Methodology - Random sample of MTFs resulted in 66 Active Duty and 75 Non-active Duty sites; review of medical records of random sample of enrollees
- ♠ Results
 - 53% AD and 66% NAD screened for deployment-related concern
 - 74% Army, 63% Air Force, 36% Navy MTFs screened their enrollees
 - Deployment-related concerns detected in 2.8% AD and 0.2% NAD (54% in Army MTFs)
 - Among the 100 beneficiaries with a deployment-related concern, 40% had no documentation of evaluation or management of the concern

Original 2002 PDH-CPG Tool Kit



- ♠ Large, heavy 23" x 12" x 11" canvas satchel containing:
 - 2.5" Three-ring binder
 - Narrative CPG with questionnaires
 - Sample/description of each tool and support strategy
 - 8.5" x 11" Provider Reference Cards
 - Documentation form (DD 2844)
 - Clinic stamps
 - Reference book(s)
 - List of related web sites
 - Patient informational brochures
 - Patient marketing tools



Contents available on www.PDHealth.mil
Order some parts on www.qmo.amedd.army.mil

- ♠ Distributed 1 per 50 providers to every military medical treatment facility in January 2002

Redesign of Tool Kit to Toolbox



- ♠ Small portable tools – Toolbox sized to fit on desktop
- ♠ Pocket-sized, laminated Reference Cards 5" x 7"
- ♠ Ease-of-access
 - Color-coding
 - Index readily available – in Toolbox lid
- ♠ Tools not intended as textbooks, but as reminders
 - Concise information
 - Targeted to role of Primary Care Provider
 - Consultation and referral

PDH-CPG Desk Reference Toolbox



♦ Desktop-Sized Laminated Box

- Desk Reference Cards
- Compact Discs
 - Interactive PDH-CPG
 - MEDCOM CD of Other CPGs
 - 2 PDH-CPG Training CDs

- Sample Clinician and Patient Brochure

- Various Center's Information



Contents on www.PDHealth.mil

- ♦ Distributed 1 per primary care provider in every military medical treatment facility

starting July 2004

Toolbox Table of Contents



- ♠ **Contact Information and Resources:** Quick and easy access to phone and electronic information sources
- ♠ **PDH Guideline Elements:** PDH-CPG algorithms and clinic visit guidance
- ♠ **Specific Medical Conditions and Concerns:** Summary information on managing a variety of deployment-related health concerns e.g., Depleted Uranium
- ♠ **Risk Communication:** Methods to integrate health risk communication into a deployment-related healthcare encounter
- ♠ **Screening and Outcome Measures:** Primers for forms used during deployment-related healthcare visits e.g., DD Form 2796
- ♠ **Training:** A brief summary of currently available PDH-CPG education and training materials
- ♠ **Process Improvement and Metrics:** A summary of metrics used in deployment-related healthcare

Worldwide Web Support for Post-Deployment Health Care

www.PDHealth.mil



- ♠ Information on deployments
- ♠ PDH-CPG
 - MDD-CPG
 - MUS-CPG
 - PTSD-CPG
- ♠ Specific diseases and emerging health concerns
- ♠ Online clinical tools
- ♠ Provider and patient education materials
- ♠ News and information library

The screenshot shows the homepage of PDHealth.mil. The header features the DHCC logo and the text "Welcome to pdhealth.mil a product of the DHCC". The main content area includes a "News Flash" section with a list of enhanced PDHA Process documents, an "Emerging Health Concerns" section with links to various policy documents, and a sidebar with news headlines and links to the DHCC newsletter and other resources.

News Flash

Enhanced PDHA Process

- Enhanced Post-Deployment Health Assessment (PDHA) Process (DD Form 2796) Page 19 NOV 04
- Information on Deployment Exposures (DD Form 2796 Questions 14 & 18) 19 NOV 04

Emerging Health Concerns

- Acinetobacter Fact Sheet for Clinicians 23 MAR 05
- Acinetobacter Infections Information for Service Members and Their Families 23 MAR 2004
- MNC-I Policy on Malaria Prevention in Iraq 28 DEC 04
- Army Policy for Management of Suspected Cutaneous Leishmaniasis 10 SEP 2004
- Depleted Uranium Information for Clinicians 17 SEP 2004
- Depleted Uranium Information for Service Member and Their Families 17 SEP 2004

[Update on Emerging Health Concerns](#)
For a complete list of Emerging Health Concerns

[Back to top](#)

New on PDHealth.mil

US Army MEDCOM Quality Management Office (QMO) Web Site



- ♠ Links to all VA/DoD CPGs
- ♠ Provider material
- ♠ Patient information
- ♠ Implementation documents
- ♠ Metrics
- ♠ Helpful links
- ♠ On-line ordering system for CPG Tool Kit supplies

Army serves as DoD lead for CPG initiatives

Practice Guidelines >

- Patient Safety
- JCAHO
- Medical Management
- DM / POP Health
- Risk Management
- Credentialing
- Policies
- Corporate Quality >
- Resources
- FAQ
- Contact Us
- QMO Home

U.S. Army MEDCOM Quality Management Office

Friday, January 19, 2007

What's New

[Go to Dyslipidemia Home Page](#)

NEW SUBSTANCE ABUSE DISORDER MATERIALS
[Go to Substance Abuse Disorder Home Page](#)

2005 Excalibur Award Winners
[Go to Excalibur Home Page](#)

mouse over box to stop scrolling and click links

This site is brought to you by the Quality Management Office, MEDCOM, Headquarters. We are continually assembling information which can be accessed from the menu bar on the left side of the page. We have large quantities of information to publish, and desire to make this your source for the latest information from our office.

On-Line Ordering System for Clinical Practice Guideline Tool Kit Supplies

Visit our on-line shopping system available to Army, Air Force and Navy facilities to replenish supplies of the Clinical Practice Guideline Tool Kits. Order refill items for multiple CPGs at one time. Receive an email confirmation of your order with a link to check your order status on-line.

Army ~ Air Force ~ Navy Order On-Line

Start shopping now

Please feel free to comment on the content and layout of this site. Our goal is to serve you, our customer, to the best of our ability. Please e-mail the webmaster with comments and ideas. Thank You!

[Privacy & Security Notice](#) / [Web Links Disclaimer](#)

www.qmo.amedd.army.mil

PDH-CPG Web-Based Tools

www.PDHealth.mil



♠ PDH Guidelines

- Overview
- Guideline
- Algorithms
- Implementation
- Desk Reference Toolbox
- Tool Kit (Updated by Toolbox)
- CCEP Transition
- Broadcast, 30 Jan 2002
- Supporting Guidelines
 - Major Depressive Disorder
 - Medically Unexplained Symptoms
 - Post Traumatic Stress Disorder

Home Page

Welcome to PDHealth.mil - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://www.deploymenthealth.mil/main.asp>

Home

Advanced Search

Welcome to pdhealth.mil a product of the DHCC

Welcome!! PDHealth.mil has been developed by the Deployment Health Clinical Center as a resource for clinicians, veterans, and their families. Our goal is to create a trusting partnership between health care providers, veterans, their families, and their providers to ensure the highest quality care for those who make sacrifices in the most hazardous workplaces of them all.

News Flash

Overview Guideline Matic Services for Clinicians for Service Members

500-Compliant Site

600-Compliant Site

Clinicians

Veterans

Family and Friends

Reserve Component

Deployment Cycle Support

PDH Guidelines

- Emerging Health Concerns
- News and Announcements
- Library
- Education and Training
- Risk Communication
- Research
- War on Terrorism
- Are You a New User?
- About DHCC
- Contact DHCC
- Index & Site Map
- Help and FAQ's

Desk Reference Toolbox

Toolkit (Updated by Toolbox)

CCEP Transition

Broadcast, 30 Jan 2002

Supporting Guidelines

These emerging health issues have come to the interest and concern of the military and veterans. To view, please click on one of the following:

- Lymphoma
- Malaria
- • Depleted Uranium
- • Methylene Blue
- • Operational Stress

To view the entire list of emerging health concerns, click here.

To see the most recent updated information, click here.

Updated on 10 JUN 2004

New on PDHealth.mil

PDH-CPG Desk Reference

This toolbox was designed to provide additional assistance to clinicians using the Post-Deployment Clinical Practice Guideline to care for patients with deployment-related concerns.

http://www.deploymenthealth.mil/guidelines/default.asp

Start | Inbox - Microsoft Outlook | PHP

Home Page

Advanced Search

PDH Guidelines

DoD/VA Clinical Practice Guideline for Post-Deployment Health Evaluation and Management

Background: The DoD/VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG) was developed to assist primary care clinicians in evaluating and managing individuals seeking care for potentially related health concerns and conditions. The guideline is intended for both individuals who have deployed and non-deployed individuals who are experiencing health concerns which they consider related to a deployment, e.g., family members of personnel who have deployed. The Guideline uses an algorithm-based stepped care approach which emphasizes clinical risk communication and longitudinal follow-up. The PDH-CPG is a single module consisting of three parts that cover three aspects of related care:

- Algorithm A1: Decision and Triage of the Patient with Unexplained Symptoms
- Algorithm A2: Decision and Triage of the Patient with an Established Diagnosis
- Algorithm A3: Management of the Patient with an Established Diagnosis

Use of the PDH-CPG is mandatory by DoD (Health Affairs). The military unique vital sign question "Is your health concern today related to a deployment" should be asked of every patient at every visit to a primary care provider (except for wellness visits, such as periodic exams and preventive care) as the first step in initiating use of the Guideline.

Changes: The current version of the PDH-CPG is Version 1.2, September 2000/Update December 2001. There have been no changes in the Guideline since then, except for a change in the guidance for coding post-deployment clinic visits. (Guidance can be found under Implementation Guidance.)

Table of Contents: The following web pages have been developed to provide information, guidance, and tools to assist in implementing the PDH-CPG:

- Overview
- Deployment Health Clinical Practice Guideline (PDH-CPG)
 - Interactive Guidelines
 - Downloadable Guidelines
- Implementation Guidance for PDH-CPG
 - Algorithm A1
 - Algorithm A2
 - Algorithm A3
 - Tool Kit (Updated by Desk Reference Toolbox)
 - CCEP Transition to PDH-CPG
 - Satellite Broadcast, 30 Jan 02 (Initial Training)
 - Supporting Guidelines
 - Major Depressive Disorder (MDD)
 - Medically Unexplained Symptoms (MUS)
 - Post-Traumatic Stress Disorder (PTSD)

Emerging Health Concerns (EHC) Resources on **www.PDHealth.mil**



♦ Reference sources

- Tri-Service policies and directives
- Related internet links

♦ Provider information

- Clinical guidance
- Fact sheets
- Forms and measures
- Educational material
- Research information

♦ Patient information

- Fact sheets
- Educational material

The screenshot shows the DHCC website's 'Emerging Health Concerns' page. The left sidebar has a navigation menu with links to Clinical, Veterans, Family and Friends, Reserve Component, Deployment Cycle Support, DPH Guidelines, Emerging Health Concerns (which is the active page), News and Announcements, Library, Education and Training, Risk Communication, Research, and more. The main content area features a large image of two military personnel in a field. The text discusses health concerns during deployments, mentioning Operations ENDURING FREEDOM, IRAQI FREEDOM, and other contingency operations. It highlights that health issues can relate to environmental exposures or infectious diseases. The page is a 'Work in Progress' and will receive updates and modifications as new deployment-related health concerns and new information about those concerns emerge. A sidebar on the right lists 'In the News' stories and a footer includes the US Department of Defense seal.

Leishmaniasis
Depleted Uranium
Mefloquine/Lariam®
Malaria
Acute Eosinophilic
Pneumonia
Tuberculosis
Tropical Diseases

Anthrax
Operational
Stress
West Nile Virus
Influenza
Acinetobacter
SARS
Hantavirus
EHC

Deployment Health News



- ♠ Email newsletter each business day
- ♠ Deployment-related news articles
- ♠ To subscribe, sign up at:
www.pdhealth.mil/nl_signup.asp

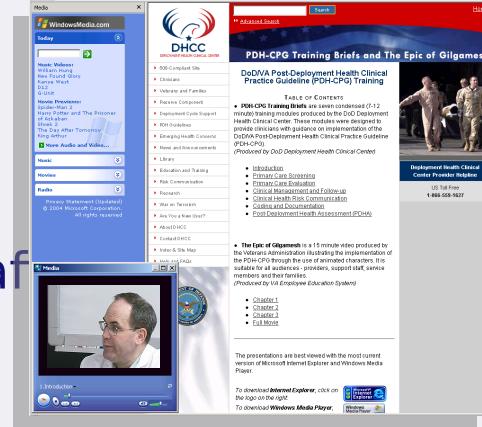
The screenshot shows a news article from the DHCC's Daily Online Newsletter. The header features the DHCC logo and the title "Deployment Health News" with the subtitle "DHCC's Daily Online Newsletter". The date "August 30, 2006" is in the top right. The article is titled "Iraqi hospitals are war's new 'killing fields'". It discusses the situation in Iraq where not even hospitals are safe, with sick and wounded Sunnis being abducted from public hospitals operated by Iraq's Shiite-run Health Ministry and later killed. The source is cited as "MSNBC". Another article, "Spouses say community helping Baumholder cope", is mentioned. The newsletter also includes a section for "More Information" with links to the DHCC Web site and a contact number for the Deployment Health Clinical Center. The footer features the Department of Defense seal.

PDH-CPG Training Multi-Media



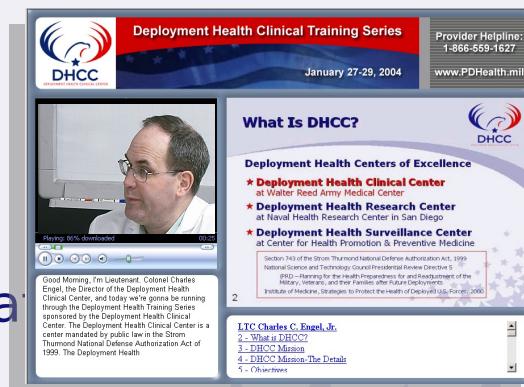
♠ PDH-CPG Training Briefs

- 7 video modules from 7-12 minutes on PDH-CPG and DD Forms 2795-2796
- Developed for providers and support staff



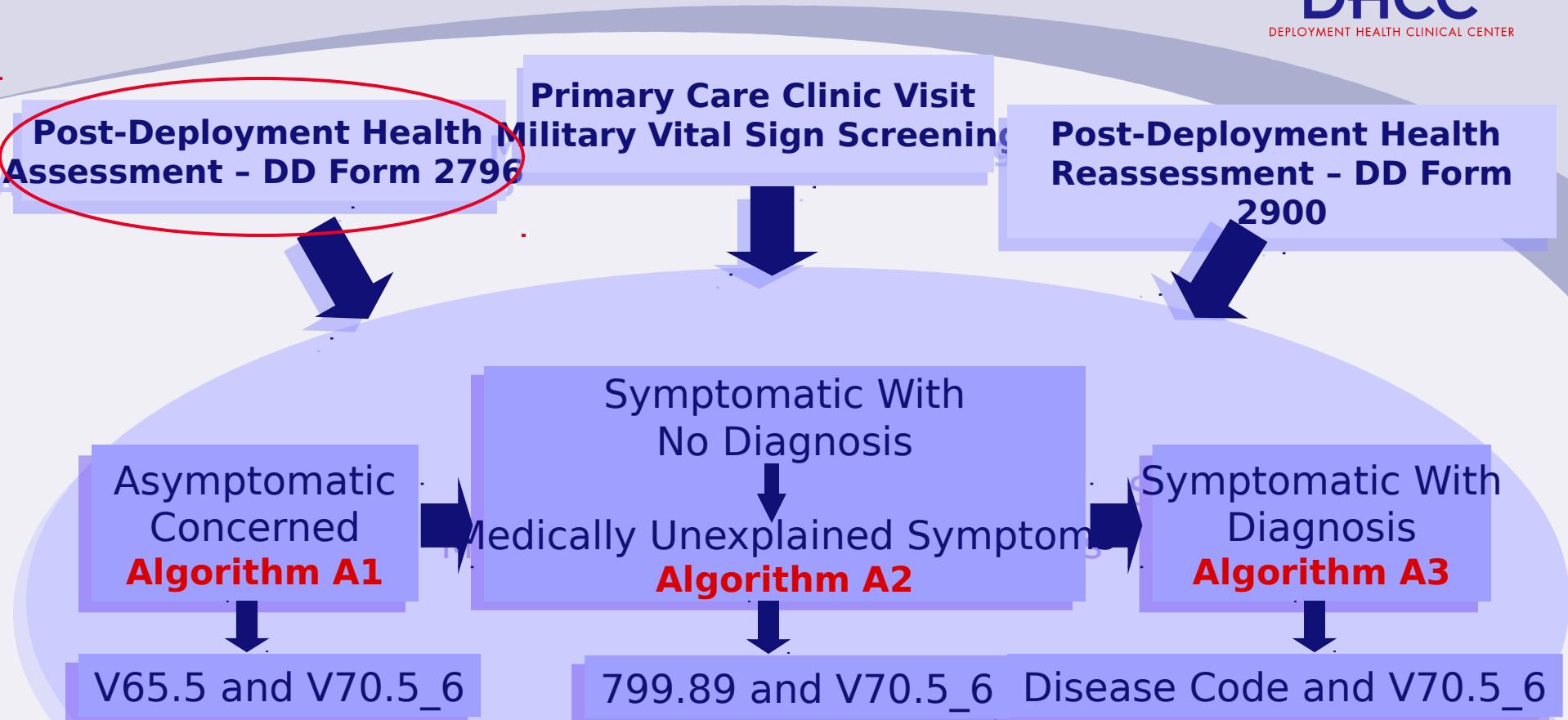
♠ Deployment Health Clinical Training Series

- 11 modules from 17-47 minutes on
 - PDH-CPG
 - Emerging Health Concerns
 - DD Forms 2795-2796
- Developed for providers and support staff



Located on CD in Toolbox and on www.PDHealth.mil

Pathways to PDH-CPG



PDH-CPG

Post-Deployment Health Assessment (PDHA)

Background and Purpose



- ♠ Enhanced PDHA process
 - Developed in response to Operation Iraqi Freedom
 - Purpose - Enhanced post-deployment health screening for all returning service members

- ♠ Part of Redeployment Process, elements include
 - DD Form 2796 and follow-up referral
 - Blood sample for DoD Serum Repository
 - Tuberculin skin testing at redeployment and at 3-6 months based on risk assessment
 - Medical threat and benefits briefings with handouts
 - Malaria post-exposure chemoprophylaxis as appropriate

Form
2796

Enhanced PDHA Process Resources



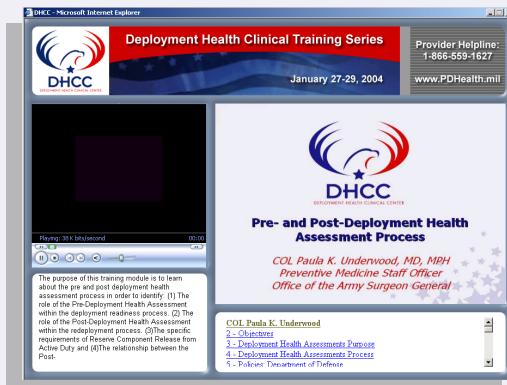
♦ Guidance for Completing DD Form 2796

♦ PDHA Policies & Directives

♦ Deployment Exposures Information

♦ Redeployment Briefing

♦ PDHA Training Videos



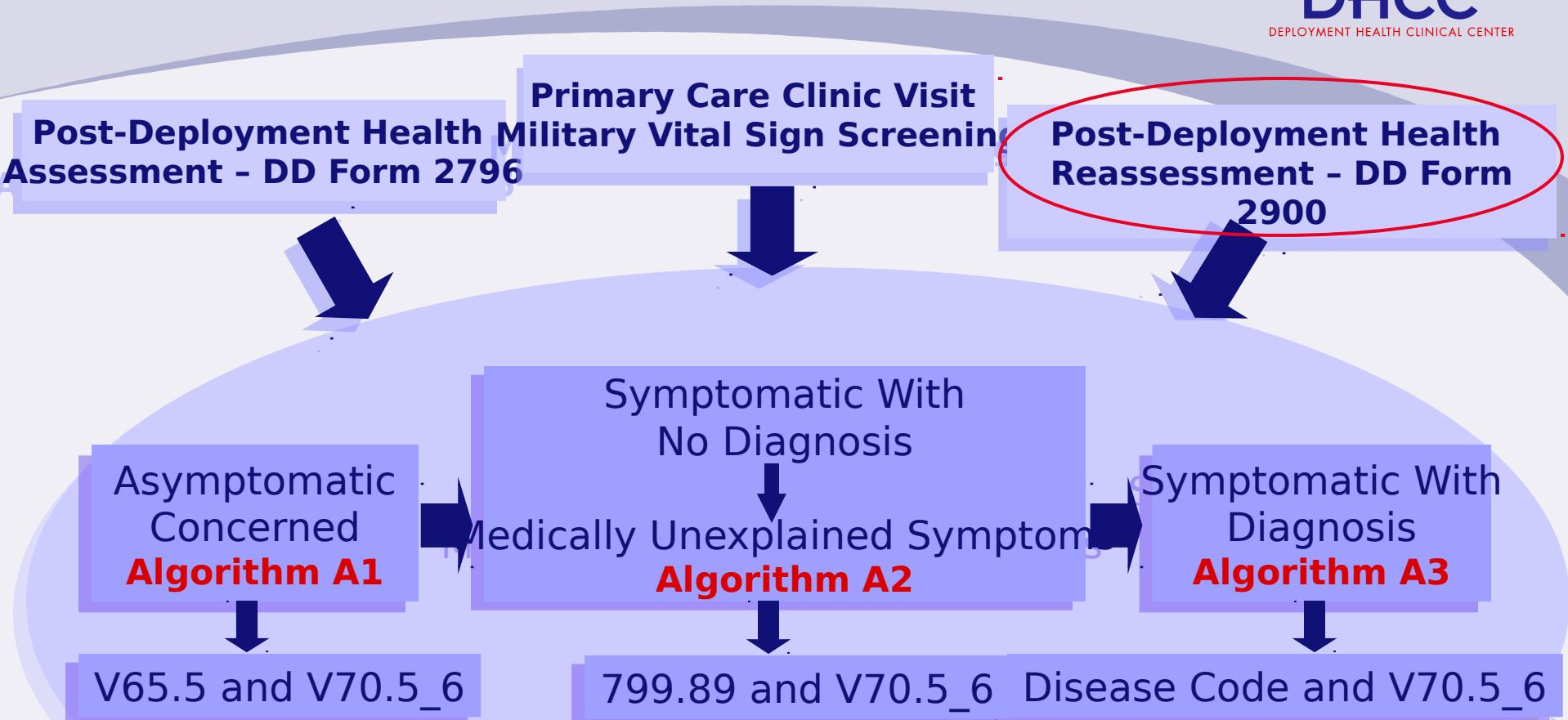
The screenshot displays two main pages from the Deployment Cycle Support website:

- Enhanced Post-Deployment Health Assessment (PDHA) (DD Form 2796)**: This page provides guidance for completing DD Form 2796. It includes a sidebar with links for Clinicians, Veterans, Family and Friends, Reserve Component, Deployment Cycle Support, and PDHA Guidelines. The main content area discusses the purpose of the PDHA, the deployment cycle, and the assessment process.
- Information on Deployment Exposures (DD Form 2796 Questions 14 & 18)**: This page provides information on deployment exposures. It includes a sidebar with links for Clinicians, Veterans, Family and Friends, Reserve Component, Deployment Cycle Support, and PDHA Guidelines. The main content area discusses potential deployment-related exposures and provides links to fact sheets, articles, web pages, and training materials.

Available on
www.PDHealth.mil

Toolbox DD2796

Pathways to PDH-CPG



PDH-CPG

Post-Deployment Health Reassessment Policy (PDHRA)



- ♠ Health Affairs PDHRA Policy Memo, 10 Mar 05
- ♠ Policy Guidance

- Purpose: Identify and address health concerns that emerge over time following deployments
- Conducted 90 to 180 days after return to home station
- Automated DD Form 2900 with questions on general health and specific emphasis on mental health
- Reviewed and scored by trained healthcare provider (physician, PA, NP, IDC, IDMT)
- Appropriate referrals, treatment and follow-up

POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)									
Authority: DODI 6425.01, Chapter 10, NMIC 2010, NMIC 2011 and DOD 6020									
Principal Purpose: To assess your mode of health after deployment to support military readiness and to assist military health care providers, including behavioral health providers, in identifying health problems and future medical care needs you may have. The information you provide will result in a health record that can be used to support your medical care needs.									
Results Use: To other Federal and DoD agencies and civilian health care providers to assist in your ability to receive necessary medical care and to provide you with the best possible treatment.									
Instructions: Please read each question completely and carefully before making your selection. Provide a response for each question. If you do not understand a question, ask the administrator. Please respond based on your MOST RECENT Deployment.									
Demographics									
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Point of Contact who can always reach you:									
<input type="checkbox"/> Name: _____ <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> Mailing Address: _____					<input type="checkbox"/> Name: _____ <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> Mailing Address: _____				
<input type="checkbox"/> Read 									

DD Form 2900

PDHRA Process Resources



- ♠ Clinical Guidance
- ♠ PDHRA Policies & Directives
- ♠ Information for Concerns Related to
 - Deployment Exposures
 - Medical
 - Behavioral Health
- ♠ Healthcare Resources
- ♠ PDHRA Training Material

DD Form 2900 Primer

Post-Deployment Health Reassessment (PDHRA)

The Post-Deployment Health Reassessment (PDHRA) is a Post-Deployment Health Reassessment Form (DD Form 2900) developed by the Defense Health Agency that returns from the operational environment that requires the completion of a Post-Deployment Health Assessment, or PDHRA, using the DD Form 2796. The purpose of the assessment is to identify health concerns that have emerged over time after a deployment, and to provide guidance for addressing the military member's health care needs and concerns. All health concerns identified on the DD 2900 must be referred to a medical provider.

All re-deploying military personnel from every Service, including Reserve Component personnel, must be provided the opportunity to complete the PDHRA. Commanders of military units, commanders, who are responsible for reviewing and discussing health concerns with the military member, include:

- Physician assistants
- Nurses practitioners
- Physician
- Independent duty corpsmen/technicians
- DD 2900 must be completed camp an electronic or wireless device between 90 and 180 days (preferably 120-150 days) after return to home station from a deployment

For injured individuals who are unable to complete the PDHRA, a medical treatment facility (MTF) or medical treatment unit (MTU) will be provided the opportunity to complete the form or accept a referral, provide additional health concern related education

Military Member Roles and Responsibilities

- Military member completes the demographics and health history section
- Demographic information includes: name, address, telephone number, service branch, pay grade, rank, and military identification number
- Health history includes 16 screening and inquiry questions designed to identify health concerns and conditions that may have emerged following the most recent deployment as well as the types of information that may be needed to address those concerns

Documentations

- Completed form is member's permanent medical record
- Data sent electronically to Army Medical Surveillance Activity (AMSA) at Walter Reed Army Medical Center for inclusion in the Defense Medical Surveillance System

Follow up and Ongoing Care

- An active case manager or medical provider is important for ensuring that care is received
- Providers can refer patients with deployment-related concerns should follow the DD Form 2900 Deployment Health Clinical Practice Guideline (PDH-CPG)
- Additional information on the DD Form 2900 and the PDH-CPG is available on the DHCC Web site: www.DHCC.mil or by contacting the DHCC Clinicians Helpline: 1 (866) 556-1927, DSN 662-8501, www.DHCC.mil

DHCC Clinicians Helpline: 1 (866) 556-1927, DSN 662-8501, www.DHCC.mil
DD Form 2900 Toolkit Cards Version 1.0 July 2005

Deployment Cycle Support

Post-Deployment Health Reassessment (PDHRA) Program (DD Form 2900)

PDHRA Program. In accordance with the Assistant Secretary of Defense for Health Affairs Memorandum, Post-Deployment Health Reassessment, 10 March 2005, the Military Services will implement a Post-Deployment Health Reassessment (PDHRA) Program designed to identify and address health concerns that have emerged over time after a deployment. The PDHRA must be conducted after 90 and before 180 days (preferably 120-150 days) after return to home station from a deployment that required completion of a DD Form 2796. The reassessment is scheduled for completion before the end of 180 days after return so that Reserve Component members have the option of treatment using their TRICARE health benefit. The PDHRA Program uses DD Form 2900 (Post Deployment Health Reassessment) to document health concerns, assessment and referrals. The DD 2900 must be completed in an electronic or Web-enabled format. The completed DD 2900 will be printed and placed in the individual's permanent medical record. The data will be sent electronically to the Army Medical Surveillance Activity (AMSA) at Walter Reed Army Medical Center for inclusion in the Defense Medical Surveillance System.

Table of Contents. The following information has been assembled to provide guidance and assistance for implementing the PDHRA Program.

- Clinical Guidance for Implementation
- PDHRA Policies and Directives
 - Do/Joint Forces
- Screening Forms and Measurement
- Deployment Exposure Concealment Form 2900
- Medical Concerns
- Behavioral Health Concerns
- Health Care Resources
- Education and Training
- Related Links

Post Deployment Health Reassessment (PDHRA) Clinical Training

June 2005

Provider Helpline: 1-866-559-1627
www.PDHealth.mil

Post-Deployment Health Reassessment (PDHRA)

Playing: 150 K bits/second 00:07

All over the world, service men and women are making sacrifices on behalf of this country. There has never been a greater need for us to provide one-on-one, comprehensive medical care to these service members who are protecting this country. To ensure the health of service members around the world, the Department of Defense monitors and tracks their health information. This is the latest needs for our service members. Recent trends have helped us recognize that many of

1 Post-Deployment Health Reassessment (PDHRA)
2 Purpose of the Post-Deployment Health Reassessment (PDHRA)
3 Description of the PDHRA
4 PDHRA Key Elements
5 Impact of Physical and Emotional Stress on Service Members

Clinician Training

June 2005

Available on
www.PDHealth.mil

Toolbox DD2900 Primer

Presentation Objectives



- ➔ ♠ Describe the PDH-CPG and accompanying tools
- ➔ ♠ Identify changes and new developments to the PDH-CPG and its tools
- ➔ ♠ Describe the role of the DoD Deployment Health Clinical Center in PDH-CPG implementation

New Desk Reference Cards



♦ PTSD Card

- Six-sided card on Post Traumatic Stress Disorder
- Included in Toolboxes distributed since Jan 05

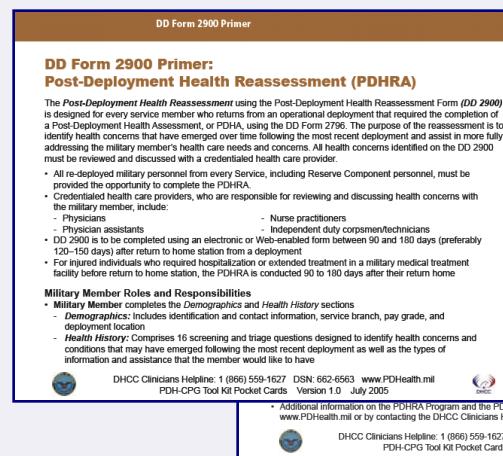
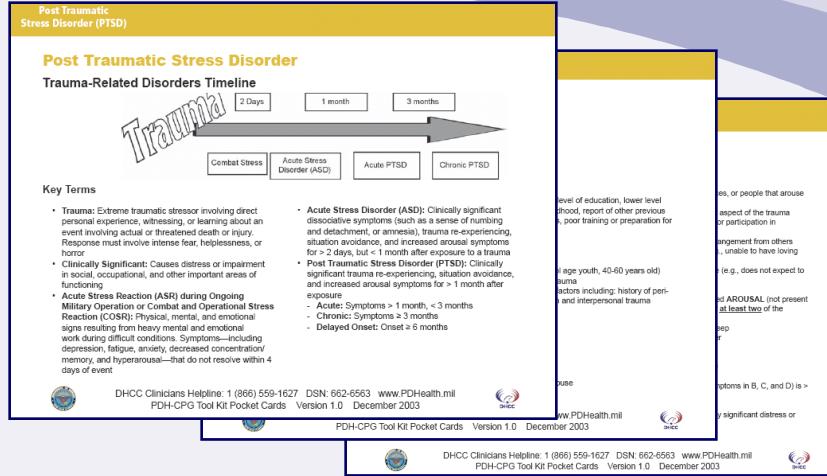
♦ PDHRA Card

- Two-sided card on DD Form 2900, Post-Deployment

Health

Reassessment

Available on www.PDHealth.mil



Revised PDH Visit Coding Desk Reference Card



♠Revised May 2005

♠Being revised again based
on new coding guidelines
released February 2007

PDH Visit Coding

At All Deployment-Related Visits at least two ICD* codes must be assigned and documented by the provider. (For a description of deployment-related visits, see the PDH Clinic Visit Desk Reference Card.)

In Primary Position: V70.5_6, Deployment-Related Visit and

In Secondary Position: ICD Code(s) for Deployment-Related Presenting Problem(s):

- Asymptomatic Concerned — V65.5
- Specific Diagnosis or Symptom(s) — Applicable ICD diagnosis-specific or symptom-specific code(s)
- Medically Unexplained Symptoms (MUS) or Medically Unexplained Physical Symptoms (MUPS) — 799.89 (For a description of MUS/MUPS, consult the Medically Unexplained Symptoms Desk Reference Card)

* ICD — International Classification of Diseases

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 May 2005

D Diagnosis Code Definition

5.5 Person with feared complaint in whom no diagnosis was made
3.21 Normal weight loss
5.2 Ichthamiasis, cutaneous, Asian desert

Medically Unexplained Symptoms or Medically Unexplained Physical Symptoms, Deployment-Related

49 y/o retired E-8 has been evaluated over 3 months (5 visits) for intermittent joint pain, intermittent vertigo and severe fatigue. Patient states belief he was exposed to something in Kuwait on mission two years ago. Work-up to date is complete, but negative.	V70.5_6	799.89 (other ill-defined conditions and unknown causes of morbidity)
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DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 May 2005

Revisions in Coding Since PDH-CPG Initiated



- ♠ Post-Deployment Code V70.5_6
 - Changed from V70.5_6 to V70.5_6 in 2003
 - Changed from secondary to primary position in 2003
 - Changed from primary to 2nd, 3rd, or 4th position for post-deployment health clinic visits in 2006
- ♠ New extender codes for Pre-Deployment and Post-Deployment Health Assessments and Reassessment added in 2006
- ♠ Medically Unexplained Symptoms Code
 - Added fifth digit in 2005 = 799.89 (III-defined conditions)

New Deployment Health Clinical Series Presentations



♠ Medically Unexplained Symptoms (MUS) Clinical Practice Guideline, Jan 06

♠ Major Depressive Disorder (MDD) Clinical Practice Guideline, May 07

♠ Video, script, slides

♠ Developed for medical providers

♠ Available on

The image displays three screenshots of presentation slides from the Deployment Health Clinical Center (DHCC). The top slide is for 'Medically Unexplained Symptoms' (MUS), featuring a video player showing a man in a white lab coat, the text 'Deployment Health Clinical Center' and 'Medically Unexplained Symptoms', and a provider helpline number. The middle slide is for 'Improvement in Care for Patients with Medically Unexplained Symptoms (MUS)', featuring the DHCC logo, the text 'Improvement in Care for Patients with Medically Unexplained Symptoms (MUS)', and a photo of a man in a military uniform. The bottom slide is for 'Deployment Health Clinical Training Series' on 'May 7, 2007', featuring a video player showing a man in a military uniform, the text 'Deployment Health Clinical Training Series' and 'May 7, 2007', and a provider helpline number. All slides include the DHCC logo and a 'Provider Helpline: 1-866-559-1627' and 'www.PDHealth.mil' contact information.

Deployment Health Clinical Center

A DoD Center of Excellence



♦ Clinical Services

- Specialized Care Programs
- Clinician and Service Member Helplines
- Worldwide Ambulatory Referral Program

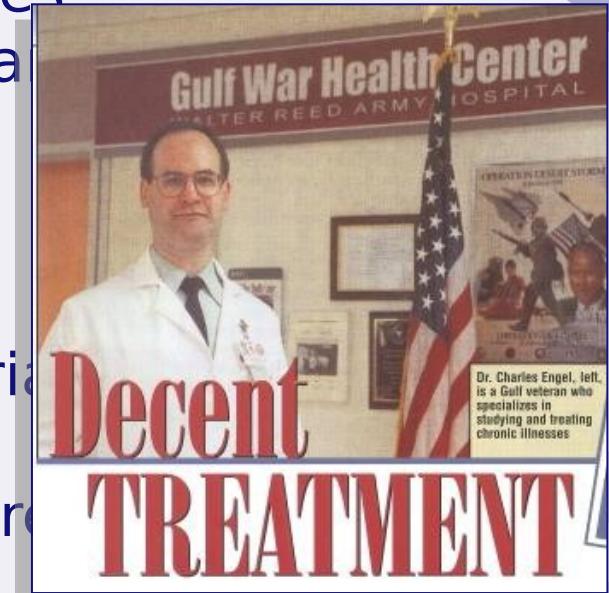
♦ Outreach and Education

- www.PDHealth.mil
- Email Newsletter
- Deployment-Related Education Materials
- Staff Training and Assistance Team
- Annual Force Health Protection Conference

♦ Health Services Research

- Clinical Trials
- Web-Based Treatment
- Web-Based Training

DHCC Experience



- ♦ Proponent for VA/DoD Post-Deployment Health Clinical Practice Guideline

Summary

Key Elements of PDH-CPG



Post-Deployment Health Military Vital Sign Screening
Assessment - DD Form 2796

Primary Care Clinic Visit
Military Vital Sign Screening

Post-Deployment Health
Reassessment - DD Form
2900

Asymptomatic
Concerned
Algorithm A1

V65.5 and V70.5_6

Symptomatic With
No Diagnosis

Medically Unexplained Symptoms
Algorithm A2

799.89 and V70.5_6 Disease Code and V70.5_6

Symptomatic With
Diagnosis
Algorithm A3

PDH-CPG

Review of Learning Objectives



- ♠ Understand the pathways for identifying patients with deployment-related health concerns/conditions
- ♠ Know the importance of and be able to:
 - Administer the deployment-related screening question at all primary care visits
 - Ensure appropriate evaluation and follow-up of all patients with deployment-related health concerns
 - Properly code all deployment-related visits
- ♠ Be familiar with the resources available to assist in implementing the PDH-CPG

Questions, Information, Assistance



DoD Deployment Health Clinical Center

Walter Reed Army Medical Center

Building 2, Room 3G04

6900 Georgia Ave, NW

Washington, DC 20307-5001

**202-782-6563
DSN:662**

**Provider Helpline
1-866-559-1627**

E-mail: pdhealth@na.amedd.army.mil

Website: www.PDHealth.mil

**Patient Helpline
1-800-796-9699**

